L080000023954

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EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: DARJAN ESTATES, LLC (Name of Limited Liability Company)					•
	(Name of Lim	nted Liability Company)			
	Amendment and fee(s) are sub	-			
Please return all correspor	idence concerning this matter	to the following:			
	CHRISTOPHER J. EMA				
		(Name of Person)			
	MACLEAN AND EMA				
		(Firm/Company)			
	2600 NE 14 STREET				
		(Address)			
	POMPANO BEACH, FL	33062	•	TALL TALL	
		(City/State and Zip Code)			
For further information co	ncerning this matter, please c	all:		ARY OF	7 M In: 23
CHRISTOPHER J. EMA	\	at (954) 785-1900		FLOG	5
(Name o	f Person)	(Area Code & Daytime T	elephone Numbe	可是在	23
Enclosed is a check for the	e following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	osed)
Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DARJAN ESTATES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 6, 2008 and assigned Florida document number L08000023954 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM_	TRACY WOGMAN		Add Remove
			_☐ Add _☐ Remove _
			_ Add ☐ Remove
			Add Remove
			2018 C. C. P. C.
D. If amen	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	Add Remove
_			-
Dated <u>Octob</u>	Hulan	2008	
	PAUL WOGMAN		
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00