L08000059063

(Req	uestor's Name)	
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2013 JUN 26 PN 2: 2 Secretary of State Milanacete el com

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

DANCOURT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon M. Guy

Name of Person

Law Office of Sharon M. Guy, PA

Firm/Company

8586 Potter Park Drive

Address

Sarasota, FL 34238

City/State and Zip Code

shguy2003@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon M. Guy

941 552-5766

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2013 JUN 26 PM 2: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DANCOURT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(1)	riorida Emited Eldomity Co	puny)	
The Articles of Organization for this Limited Lia Florida document number <u>L08000059063</u>	ability Company were filed	i on 6/16/08	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability comp	oany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabilit	y Company," the designation "Ll	_C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE	(ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or the new registered off	r registered office addr	ess on our records, <u>enter th</u>	ne name of the new
Name of New Registered Agent:	Daniel T. Pollock		
New Registered Office Address:	4198 Westbourne 0	Circle	
		Enter Florida street addre	ess
	Sarasota	, Florida <u>342</u>	238
	City		Zip Code
New Registered Agent's Signature, if changing R	egistered 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

Page 1 of 3

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> MGRM	Name Daniel T. Pollock	Address 1 4198 Westbourne Circle	vpe of Action
		Sarasota, FL 34238	Remove
MGRM	Daniel T. Pollock, Jr.	4198 Westbourne Circle	Add
		Sarasota, FL 34238	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

Dated June 24 2013
() and all I
Signature of a member or authorized representative of a member
Daniel T. Pollock, Jr.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00