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|---|--|--|--|--|--|
| (Requestor's Name) | | | | | |
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE

T. CLINE

AUG -8 2008

EXAMINER

COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|-----------|--------------------------------------|---|--|--|--|
| SUBJE | CT: | DAMES | 9T 54, UC | | |
| , | | (Name of Lim | ited Liability Company) | | |
| The encl | losed Articles of A | Amendment and fec(s) are sub | mitted for filing. | | |
| Please re | eturn all correspor | ndence concerning this matter | to the following: | | • |
| | | JANI | (Name of Person) | | |
| | | | (Name of Person) | | |
| | | <i>D</i> | MSS AT SSA LLC (Firm/Company) | | |
| | | | (Firm/Company) | | |
| | | | 826 COCONUT DEN 2 (Address) | <u>-</u> | |
| | | | (Address) | | |
| | | | (City/State and Zip Code) | 333/5 | |
| | | · | (City/State and Zip Code) | EC B | |
| For furth | | oncerning this matter, please ca | | UG -7 VETAR AHASS | المادية والمادية المادية |
| | TANIOZ (Name o | Person) | at (<u>305</u> <u>576 - 892</u> (Area Code & Daytime Te | SECRETARY OF STATE AHASSEE, FLORIT Slephone Number) | |
| | | | | ATE ARIDA | |
| Enclose | dis a check for th | e following amount: | | • | |
| \$25.0 | 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

| DAMES AT S | EA, LLC | | |
|--|---|---------------------|-----------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears o ability Company) | n our records.) | |
| The Articles of Organization for this Limited Liability Company v. Florida document number | vere filed on | <u> 1/18/08</u> | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| The new name must be distinguishable and end with the words "Limite" L.L.C." | d Liability Company | " the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | *************************************** | | 720 720 |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | G-7 AMID: 1 ARY OF STAIL |
| B. If amending the registered agent and/or registered office address here | | records, enter | the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | (Ente | r Florida street ad | ldress) |
| | | , Florida | |
| | (City) | | (Zip Code) |
| 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 heing added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> **Name** Address **Type of Action** MOR MGR 826 COCONUT DEWE _ Add Remove ☐ Add ≥₽ ∧dd∋ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member TANICE A. Homitan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00