## 108000011901

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**EXAMINER** 

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TALLAHASSEE FLORIDA

## **COVER LETTER**

Division of Co	rporations		The second of the second	
SUBJECT. DONP	FFIIC	* · · · · · · · · · · · · · · · · · · ·	•	_
SUBJECT: DOLUME, 1913	EE LLC	ted Liability Company)		3
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ERLOUSE PARAISON			
		(Name of Person)		
	DONPEE LLC			
		(Firm/Company)		
	5901 MANCHESTER WA			
		(Address)		
	TAMARAC FL 33321	(City/State and Zip Code)		
For further information	concerning this matter, please co	allima gra		
DONALD PARAISON		at ( 954 \ 369-8521	979 1.3	
(Name	of Person)	(Area Code & Daytime 7	Felephone Number)	
Enclosed is a check for t				
☑ \$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	l)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DONPEE LLC				
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it norida Limited Liability C	low appears on our records.) Company)		
The Articles of Organization for this Limited Liabil	lity Company were file	ed on <u>07/25/2008</u>	and ass	igned
Florida document number 1.08000071901	·ø			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability con	npany here:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liabi	lity Company," the designation	n "LLC" or the a	 bbreviatio
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		lress on our records, <u>ente</u>	r the name o	f the nev
Name of New Registered Agent:		·	98 D	<del></del>
New Registered Office Address:		(Enter Florida street	addrass)	<u> </u>
_		, Florida		
New Registered Agent's Signature, if changing Regi	(City)		Cap Cod CURIDA	E) "Iteman

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>	<u>Name</u>	Address	Type of Action
MGRM	ADRIENNE STINFIL	2025 North Dixie hwy Pompano Beach fl	33060 Add Remove
			Add Remove
<del></del>			Add Remove
· · · · · ·			Add Remove
			Add Remove
			Add Remove
	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necess	ary.)
Dated <u>12-06</u>	1 1 11 0		OR DEC 11
	Jean Donald Paraison	or authorized representative of a member	AM 8: 32

Page 2 of 2

Filing Fee: \$25.00