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COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: Dawn Creter 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:
Dawn Creter (Name of Person)
Dawn Croxot LLC (Firm/Company)
4511 Bayside Village Or #104
Tampa, F7 33615 (City/State and Zip Code)
For further information concerning this matter, please call:
Dawn Ocotor at (813) 920-3602 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additio

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

Dawn Creter LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	records.)		
The Articles of Organization for this Limited Liability Company v	vere filed on _ <u> 1 24 </u>	2008_	and assi	gned
Florida document number <u>LO8000</u>) <u>09039</u> .				
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."	ed Liability Company," the o	tesignation "L	LC" or the al	bbreviation
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 here	ce address on our reco	rds, <u>enter t</u>	he name of	the new
Name of New Registered Agent:			OR DE	
New Registered Office Address:			₹ ೧	
	(Enter Flori	ida street ado , Florida	l(kess) ±	1
	(City)	, . 101144 <u> </u>	Zip 🚓 de	,
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.

	ng the Managers or Managing Members o ng Member being added or removed from	on our records, <u>enter the title, name, and addi</u> our records:	ess of each Manager
MGR = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
MS.	Lianna Dawn Riece	4311 Bayside Village Drite Jampa, EL 3325	Add Remove
			Add Remove
	M1 10 7 20 20 20 20 20 20 20 20 20 20 20 20 20		Add Remove

			Add Remove
	nding any other information, enter change 150 could be called Cross 30 him use &/ard	(s) here: (Attach additional sheets. if necessary.) ter and Company LLC Wherehoogensty.	·
 Dated <u> </u>	Signature of a member of	·	FILED 8108 DEC -1 AM 8:118

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Filing Fee: \$25.00