OCT/25/2011/TUE 11:07 AM [illegible] P 001

Division of Corporations

L08000109352

Florida Department of State
Division of Corporations
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(((H11000255840 3)))

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L. SELLERS
OCT 26 2011
EXAMINER

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305)444-0101
Fax Number : (305)444-0174

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEVILLE MILLER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

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TALLAHASSEE, FLORIDA

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Fax Audit No: H11000255840 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DEVILLE MILLER, 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 11/25/2008 and assigned Florida document number L08000109352.

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

_____, 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

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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: H11000255840 3

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	RONALD E. HERZOG	264 ALMERIA AVENUE CORAL GABLES, FL 33134	☐ Add ☑ Remove
MGR	RONALD E. HERZOG	264 ALMERIA AVENUE CORAL GABLES, FL 33134	☑ Add ☐ Remove
MGR	VALERIE A. DEVILLE	10120 S.W. SABAL PALM AVENUE CORAL GABLES, FL 33156	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____

Signature of a member or authorized representative of a member

PHILIP DEVILLE
Typed or printed name of signee

Filing Fee: $25.00

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