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**EXAMINER** 

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## **COVER LETTER**

Division of Corpo	orations		
SUBJECT: BOLIGH			
		ted Liability Company)	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	William R. Black		
	<del></del>		
		(Firm/Company)	
		(Address)	· · · · · · · · · · · · · · · · · · ·
		(City/State and Zip Code)	
For further information con	cerning this matter, please ca	ill:	
William R. Black		at ( 954 ) 561-2233	
(Name of	Person)	(Area Code & Daytime Te	elephone 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:

TO:

**Registration Section** 

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

iability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number \_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Dansk Bolig, LLC 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): (City) 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 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 Actio	<u>n</u>
	<del></del>		Add Remove	
			Add Remove	
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D. If amen	ding any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)		
_			_	
_				
Dated Dece	ember 22	D), 2008	29 388	
	Signatu Willam R.	re of a member or authorized representative of a member	AH B	7
		Typed or printed name of signee	25 IIDA	

Page 2 of 2

Filing Fee: \$25.00