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EXAMINER

COVER LETTER

TO: Registration Section • Division of Corporations			
SUBJECT: Dador, 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:			
Claig Packer			
Wallace + Packer Pr Firm/Company			
8751 W. Broward Blrd., #410 Address			
Plan to him FL 33324 City/State and Zip Code Cpacker & firm titkcorp. com E-mail address: (to be used for future annual report notification)	SECR	2911 D	- ; • i − 21° ;
For further information concerning this matter, please call:		II DEC 12	f), epit 34
Name of Person at (954) 236-0492 Area Code & Daytime Telephone Number	RY OF STAT	12 AM	
Name of Person Area Code & Daytime Telephone Number	STATE		No. of
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ S55.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Ce	of Status Copy		1)

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

Dador LLC					
(Name of the Limited Liability (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)		_	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on		and	d assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company he	ere:			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Com	pany," the designation	"LLC" or	the abbr	 reviation
Enter new principal offices address, if applicable:				_~~_	
(Principal office address MUST BE A STREET ADDI	RESS)		E SE	=	
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Enter new mailing address, if applicable:			E 0	200	<u>IV</u>
(Mailing address MAY BE A POST OFFICE BOX)				_== _==	you may
			32 33 33		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter</u>	the nan	ne of tl	ne new
Name of New Registered Agent:	 			. <u>. </u>	
New Registered Office Address:					
	E	nter Florida street ad	idress		
		, 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 being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** Name **Address** Monica Loebel MUR Magellan Circle#711 Add ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00