

L09000029042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900163866189

01/25/10--01005--026 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 27 AM 11:58

T. HAMPTON

JAN 28 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DYNETECH SECURED INCOME FUND MANAGER, 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:

LISA IANACONE  
Name of Person

DELTA REALTY ADVISORS, INC.  
Firm/Company

2200 LUCIEN WAY, SUITE 420  
Address

MAITLAND, FL 32751  
City/State and Zip Code

LIANACONE@DELTAADVISORY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Ianacone at (407) 331-8004  
Name of Person Area Code & Daytime Telephone 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:**  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 27 AM 11:58

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**DYNETECH SECURED INCOME FUND MANAGER, 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 3/24/2009 and assigned Florida document number L09000029042.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

**DOLLAR SECURED INCOME FUND MANAGER, 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: 2200 LUCIEN WAY, SUITE 420  
(Principal office address **MUST BE A STREET ADDRESS**) MAITLAND, FL 32751

Enter new mailing address, if applicable: 2200 LUCIEN WAY, SUITE 420  
(Mailing address **MAY BE A POST OFFICE BOX**) MAITLAND, FL 32751

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: Charles C. Smith, Jr.

New Registered Office Address: 2200 Lucien Way, Suite 420  
Enter Florida street address

Maitland, Florida 32751  
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.*

Signature of New Registered Agent  
If Changing 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated January 20, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Lisa Ianacone  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 27 AM 11:58