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SECRETARY OF STATE

J. BRYAN

AUG 1 5 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	1 L1 C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	STEP	HEN MILLER Name of Person	
	RHT	1 LLC Firm/Company	· <del></del>
	E91 E PAL	METTO PALL R	OAO PAR S T
	BCCA RA	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	AUG 15 PM 2:51 CAHASSEE, FLOR
For further information of	oncerning this matter, please of	rail:	इत् ।
Name of	MULLEN	at (SOL) 926 21 Area Code & Daytime T	elephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DHT 1	LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LOG DOCO 3883-</u> \	were filed on 1/22/2005	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation	1 "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		ZS Z	
		SA ET	
		ASA CO	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		2: 5 1.07	
		€ To the second	
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	r the name of the new	
registered agent and/or the new registered office address nere:			
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

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

Type of Action Title Name Address STEPHEN MILLER Remove Remove ☐ Add Remove Add Remove □Add Remove  $\prod$ 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 Typed or printer name of signee

Page 2 of 2

Filing Fee: \$25.00