L09000043495

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: <u>DYNETECH SECURED INCOME FUND SERVICES, LLC</u>

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:

DELTA REALTY ADVISORS, INC.
Firm/Company

2200 LUCIEN WAY, SUITE 420
Address

AHASSEE, FLORIDA

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 Name of Person	_ at	(407) 331-8004 Area Code & Dayt	ime Telephone Number
Enclosed is a check for the following am \$25.00 Filing Fee \$30.00 Filing Fe Certificate of St		\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DYNETECH SECURED INCOME FUND SERVICES, 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 05/05/2009 and assigned Florida document number L09000043495 This amendment is submitted to amend the following: Α. If amending name, enter the new name of the limited liability company here: DOLLAR SECURED INCOME FUND SERVICES, 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: (Mailing address MAY BE A POST OFFICE BOX) 2200 LUCIEN WAY, SUITE 420 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 ____

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.

City

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Add □ Remove
			€ Add ∰ Remove
			□ Add □ Remove
			HASSEE, FLO
·	,		REPREMANDE C
). If amen	ding any other information, ent	er change(s) here: (Attach additiona	l sheets, if necessary.)
Dated Janua	ary 20 , 2 0 10		
zaicu <u>zaitu</u>	1100	anacons	

<u>Lisa Ianacone</u> Typed or printed name of signee

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Filing Fee: \$25.00