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SECRETARY OF STATE OIVISION OF CORPORATIONS

T. HAMPTON

MAR - 2 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Dutch Tris, LLC (27-0357451) Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	THOMAS JOHNS Name of Person
	DUTCH TRIS LLC Firm/Company
	6516 78 TH STREET
	Address RIVERVIEW FL 33578 City/State and Zip Code TJ. ARTISTIC VERIZON. NET E-mail address: (to be used for future annual report notification)
	TJ. ARTISTIC EVERIZON. NET E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	THOMAS JOHNS at (8/3) 300-8337 Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$2 :	5.00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,} \\ \text{Certificate of Status} \text{Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

DUTCH :	Iris.	LLC				
(Name of the Limited Lia	bility Company		ars on our records.)			
The Articles of Organization for this Limited Liabil Florida document number <u>Logooo5</u>	lity Company w	vere filed on	06/09/2009	and assi	gned	
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the N/A	e limited liabili	ity company he	e <u>re</u> :			
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	d Liability Comp	pany," the designation "Ll	LC" or the at	breviation	
Enter new principal offices address, if applicable	e:	~/A		<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)					
					<u> </u>	
Enter new mailing address, if applicable:		N/A		IO MAR	NOISI SECRE	
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>			*		
				~ <u>~</u>	유명이	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, enter th	e name of	ONS.	
Name of New Registered Agent:	N/A					
New Registered Office Address:		<u>-</u>			·	
	Enter Florida street address					
-	<i>C</i> *:		, Florida			
N. D		City		Zip Code		
New Registered Agent's Signature, if changing Regi	stered Agent:					
I hereby accept the appointment as registered as	gent and agree	e to act in this o	capacity. I further agre	ee to compl	y with	

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

the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

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

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>,.</u>	REBECCA A. SCHMID	7414 ALAFÍA DR. RIVERVIEW, FL 33578 US	Add Remove
			Add Remove
<u>_</u> _	<u> </u>		Add Remove
			Add Remove
			- □Add □ □ Remove
			Add Remove
D. If amei	11/4	e(s) here: (Attach additional sheets, if necessary.)	
 			SECRETARY OF SORPI
Dated	02/24/10 , 20	<u>10</u>	STATE ORS
	THOMAS	or authorized representative of a member Jo HNS or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00