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D. BRUCE

SEP 28 2009

EXAMINER

COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT:	DFOF, LLC	_
	Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Kurt O'Brica Name of Person	_
	DFOF, LLC Firm/Company	_
	5353 Iskworth Country Club Dri	re
	Address	- 500
	Address Vindermere, FL 34786 City/State and Zip Code KObrich @ Obcompanies. Com E-mail address: (to be used for future annual report notification)	SEP 25 PH 12: 50 SEP 25 PH 12: 50 LLAHASSEE, FLORI
	KNWICA @ Obcompanies, com	25 ASS
•	E-mail address: (to be used for future annual report notification)	子。是是
For further information con-	cerning this matter, please call:	FLOOR STR
Kurt 0%	· · · · · · · · · · · · · · · · · · ·	
Name of Po	erson Area Code & Daytime Telephone Numb	ber
Enclosed is a check for the t	following amount:	
\$25.00 Filing Fee [Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ied Copy onal 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

DFOF.	W				
(Name of the Limited Liabi (A Florid	lity Company a da Limited Liab	as it now apper ility Company)	ırs on our record	<u>ls.</u>)	_
The Articles of Organization for this Limited Liability Florida document number <u>L 090000 5950 5</u>	y Company we	ere filed on	June 18,2	009 and	d assigned
This amendment is submitted to amend the following	;				
A. If amending name, enter the new name of the l	imited liabilit	y company he	e <u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Comp	pany," the designa	tion "LLC" or	the abbreviation
Enter new principal offices address, if applicable:	- P. P. C. C.			A CONTRACTOR	
(Principal office address MUST BE A STREET AD	<u>DRESS)</u> _			HAS:	25
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				SEE, FLORI	PM DI 50
B. If amending the registered agent and/or reregistered agent and/or the new registered office a	_	e address on	our records, e	nter the nan	ne of the new
registered agent and/or the new registered office a	udi ess nei e.				
Name of New Registered Agent:					
New Registered Office Address:		E	nter Florida stre	et address	
			, Florie	da	
	C	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 Address Type of Action Title Name **≱** Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00