(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



800201856688

04/15/11--01037--012 \*\*30.00

TI APR 15 PM d: 5;

D. BRUCE

APR 18 2011

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	Name of Limited Liability Company  Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Peinaldo Ruiz  Name of Person  Direct Proferty, LLC  Firm/Company	
	8929 NW 111 Fer Address	
	Higher Cardens, FL 33018  City/State and Zip Code  Hype Truck IIc & Gmail. com  E-mail address: (to be used for future annual report notification).	1
For fu	ther information concerning this matter, please call:	_
	Reinfild Fuiz at (786) 227-3256 55 25 Name of Person Area Code & Daytime Telephone Number 55	į
Enclos	ed is a check for the following amount:	
<b>\$2</b> :	5.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

M AILING ADDRESS:

Registration Section Diivision 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

Direct ProPerty L.L.C.				
(Name of the Limited Liability Compan (Λ Florida Limited Li	y as if now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company of Florida document number <u>LO900064680</u> .	were filed on Tuly 6, 2009 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 "LLC" or the abbreviation			
Enter new principal offices address, if applicable:				
(Principal office a ddress MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address   MAY BE A POST OFFICE BOX)	2929 NW 11/ Terr Higherh Carlens, FL 33018			
B. If amending the registered agent and/or registered offi registered agent 23nd/or the new registered office address here				
Name of New Registered Agent:	AHAR TO			
New Reg istered Office Address:	m S			
	Enter Florida street address:			

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

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

itle	Name	Address	Type of Action
			Add Remove
			Add Remove
			Remove
			Add Remove
			Add Remove
<del> </del>			AddRemove
. If ame	nding any other information, enter chan	ge(s) here: (Attach additional sheets,	if necessary.)
<b>-</b>		· · · · · · · · · · · · · · · · · · ·	n t
ated	April 11 , 2	011	ASSEE FLO
	Signature of a Memb	er d'authorized representative of a membre Reingledo Fu	5

Page 2 of 2

Filing Fee: \$25.00