## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLING

Account Number : I20070000020

Phone : (813)435-3176

Fax Number : (813)333-6358

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIVERSALINX LLC

Certificate of Status	0
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D. BRUCE

DEC 17 2009

EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVERSALINX, LLC		·	
(Name of the Limited Liability (A Plorida	y Company as it now appears on our records.) Limited Liability Company)		
(**************************************	Zanio diaminy amaginy,		
The Articles of Organization for this Limited Liability C	Company were filed on 09/02/2009	and assigned	
Florida document number 3 L09C	<u>)0</u> 00 85 05 3		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company bere:		
The new name must be distinguishable and end with the wo-	rds "Limited Liability Company," the designation	n "ILLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	ASS -	
·			
		T'S	
Enter new mailing address, if applicable:		95	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>ent</u> lress bere:	er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
<del></del>	(Enter Florida street address)		
	, Florida		
,	(City)	(Zip Code)	
	A A		

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)

Page I of 2

If anisading 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

Litle	Name	Address	Type of Action
MGRM	KRISTEN A. ANGRISANI	4881 N. DIXIE HIGHWAY SUITE 202 CAKLAND PARK, FL 33334	Add Remove
			Add Remove
			Add Remove
Commission of the Asymptotic Commission of th	**************************************		Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional shorts 15 55	Add Remove
-		(s) here: (Attach additional sheets, if necessary)	T
		F STATE FLORIDA	B
Dated 12	115/09 . Oa		
<del>~</del>	Nick Sprature of a manufactor of the second	ened name a	
€.9	* 34	sezorz Representative Representative	

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