

L09100000915493

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OCT. - 8 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ALBERT J. STOPKA, III, P.A.**

ATTORNEY AT LAW  
P. O. Box 300  
108 Mosley Drive  
Lynn Haven, FL 32444

Telephone: (850) 785-6600

Facsimile: (850) 872-9158

October 5, 2009

Florida Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: DRLFR, LLC  
Our File No. 1604.1

To Whom It May Concern:

Enclosed please find the following in connection with the above-referenced:

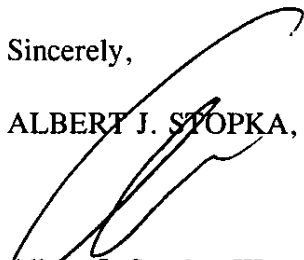
1. Original of the Articles of Amendment to Articles of Organization to correct the name of one of the Managing Members.
2. Our firm's check in the amount of \$25.00 to cover the cost of filing the Amendment.

Please file the enclosed Amendment as soon as possible so that this change is reflected on the corporate web site.

Thank you very much for your assistance with this matter and should you have any questions, please do not hesitate to give me a call collect.

Sincerely,

ALBERT J. STOPKA, III, P.A.



Albert J. Stopka, III

AJS/mb  
Enclosure(s)

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**DRLFR 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 OCTOBER 2, 2009 and assigned  
Florida document number L09000095493.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

**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**

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TALLAHASSEE FLORIDA

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:

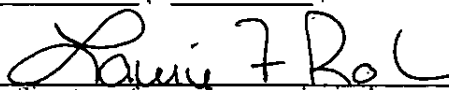
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LOUISE F. ROBINSON	2814 BARTOW AVENUE PANAMA CITY, FL 32405	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LAURIE F. ROBINSON	2814 BARTOW AVENUE PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCTOBER 2, 2009



Signature of a member or authorized representative of a member

LAURIE F. ROBINSON

Typed or printed name of signee

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TALLAHASSEE FLORIDA