

LD900009691

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 31 2010

**EXAMINE.**

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08/30/10--01057--007 \*\*135.00

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DVA PROPERTY LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**TERESA D. PEREZ**  
Name of Person

**Firm/Company**

**619 Willard Avenue**  
Address

**Lehigh Acres, FL 33972**  
City/State and Zip Code

**bukykaty@aol.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**TERESA D. PEREZ** at ( **239** ) **225-8408**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 Filing Fee, Certificate of Status & 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

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**2010 AUG 30 PM 2:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DVA PROPERTY 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 11/13/2009 and assigned  
Florida document number L09000109691.

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: TERESA D. PEREZ

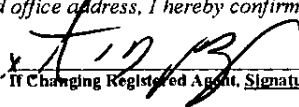
New Registered Office Address: 619 Willard Avenue

Enter Florida street address

Lehigh Acres, Florida 33972  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Teresa D. Perez	619 Willard Avenue Lehigh Acres, FL 33972	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Alberto F. Perez	619 Willard Avenue Lehigh Acres, FL 33972	<input type="checkbox"/> Add <input checked="" 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 August 13, 2010

Alberto Perez  
Signature of a member or authorized representative of a member  
Alberto F. Perez  
Typed or printed name of signee

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA