209000119857

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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JAN - 7 2010				
EXAMINER				

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> SECRETARY OF STATE TALLAHASSEE, FLORIDA

EÇRETARY OF STATE

FILED

COVER LETTER

TO:

TO:	Registration Sec Division of Corp				
SUBJI	ect.	Dana F	ederick, LLC		
ocia;					
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
			John Pharr		
			Name of Person		
			John Pharr, CPA		
			Firm/Company		2010 TAL
317 North Spring Stree			7 North Spring Street		Z 200 2
Address				A-6	
		Pensacola, FL 32501		SEE.	
		City/State and Zip Code		2010 JAN -6 PH 2: 05 SECRETARY OF STATE TALLAHASSEE. FLORID	
					광 S
			o be used for future annual report r	iotification)	L.
For fu	rther information co	oncerning this matter, please c	all:		
	J	ohn Pharr	at (850)	435-8844	
	Name of	Person		ytime Telephone Number	
Enclos	sed is a check for th	e following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se Division of Co Clifton Buildir	rporations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dana Feder	rick, LLC	nears on our records.)	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Compan	iy)	
The Articles of Organization for this Limited Liability Company	were filed on _	December 17, 2009	and assigned
Florida document numberL09000119857			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	here:	
Dana E. Frede	erick, LLC		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Co	mpany," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:	·	FS	201
(Principal office address MUST BE A STREET ADDRESS)			5 7
		E S S	7
		SE C	Th or
Enter new mailing address, if applicable:			R D
(Mailing address MAY BE A POST OFFICE BOX)		C)-	<u>5</u>
		Ū,	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		on our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:		r ritt	
	Enter Florida street address		
		, Florida	Zip Code
	City		zip Coae
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	e to act in th	nis capacity. I further agre	e to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary	05 -
<u>-</u>			
 _ Dated	January 4	2010	
		member or apthorized representative of a member	
		John Pharr, CPA Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00