L09000123/32

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EXAMINER

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03/30/10--01023--018 **60.00

COVER LETTER

TO:

TO:	Registration Se Division of Cor						
SUBJE	CT.						
SOBJE	<u></u>		ed Liability Company	ANCH, LLC Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		C	CYNDI JANTOMASO				
			Name of Person				
TRIPLE CANOPY RANCH, LLC							
Firm/Company							
250 AVENUE K, SW					ed. 23		
	E S	7					
		2010 MAR 30	ILEU				
	WINTER HAVEN, FL 33880 City/State and Zip Code				O P	n	
		cyndie E-mail address: (t	<u>@triplecanopyranch.com</u> o be used for future annual report notifi	cation)	五二	C	
For fu	rther information o	concerning this matter, please c	·	,	PH 1:39		
	<u>_</u>	ndi Jantomaso	ar\	3698 ext. 268			
	Name o	of Person	Area Code & Daytime	e Telephone Number	•		
Enclos	sed is a check for t	he following amount:					
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations 30x 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	en Pations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRIPI	LE CANOP	Y RANCH, LL	.U	 ,	
(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appear liability Company)	s on our records.)		
The Articles of Organization for this Limited Lia Florida document number		were filed on	12/30/2009	and assigned	ì
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limite <u>d liab</u>	ility company her	<u>e</u> :		
	PDEKK,	, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa	ny," the designation "I	LC" or the abbrev	viation
Enter new principal offices address, if applicable:		250 AVENUE	K, SW		
(Principal office address MUST BE A STREET ADDRESS		WINTER HAV	/EN, FL 33880		
				77.5 77.5	
Enter new mailing address, if applicable:		POST OFFIC	E BOX 1204	20 10 HAR 3	7
(Mailing address MAY BE A POST OFFICE)	WINTER HAY	VEN, FL 33882	38.	; 	
B. If amending the registered agent and/or the new registered of	or registered of fice address her	ffice address on o	our records, <u>enter</u>	the name of the	-Example 1
Name of New Registered Agent:	MIKE H. CA	ASSIDY			
New Registered Office Address:	New Registered Office Address: 250 AVENUE K, SW Enter Florida street address				
WIW		NTER HAVEN	, Florida	33880	
		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.

Changing Registered Agent, Signature of New Registered Agent
MIKE, H. CASSIDY

STEVEN TRINKLEH

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>	Address	Type of Action
MGRM	STEVEN TRINKLEIN	603 SIXTH STRET, N.W. WINTER HAVEN, FL 33881	Add Remove
MGRM_	MIKE H. CASSIDY	250 AVENUE K, SW WINTER HAVEN, FL 33880	✓ Add Remove
			Add Remove
			Add Remove
			Addy 30 Add Add
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.	TORINGE TAIL ORIDA
Dated	,		
		MIKE H. CASSIDY ped or printed name of signee	
	STEVEN TRINKLEIN	Page 2 of 2 Filing Fee: \$25.00	
	-0101010		