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SECRETARY OF STATE
FALLAHASSEE F. STATE

D. BRUCE

JAN 2 5 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporation	s				
SUBJECT: DNC7	7A L.L.C Name of Lim	ited Liability Company			
The enclosed Articles of Amendment Please return all correspondence co	•				
	TINHT	Name of Person  CTA L. L.C.  Firm/Company			
<del></del>		VENICE LN Address			
_ <u>S</u> 	ORRENTO tt_tranc E-mail address:-	City/State and Zip Code  Government of the Use of Company Comp	tion)	SECI FALLA	
For further information concerning				10 JAN 22 SEGRETARY ALLAHASSE	
Name of Person	TA	at (352) 455 – 9 Area Code & Daytime T	079 elephone Number	IN 22 PH 3: 5.1 ETARY OF STATE HASSEE, FLORIDA	ED.
Enclosed is a check for the following \$25.00 Filing Fee \$30.	ng amount: 00 Filing Fee & ertificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	d)
MAILING ADE	DRESS:	STREET/COURIER	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DNCTA L	eL.C.			
(Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on///	07/ <u>2010</u> and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and end with the v "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		10 3E CF		
(Principal office address MUST BE A STREET AD)	ORESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RY OF STATE SEE. FLORIDA		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, <u>enter the name of the new</u>		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Faster E	Tour do atmost a delica		
	Enter P	Enter Florida street address		
	<u> </u>	, Florida		
	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 = Mana MGRM = Ma	ager naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Name RICHARD TA, Presi	33933 Venice Ln Sorrento, FL 32776	Add Remove
M6 KM	TINH TAM TA, VILLE	33933 Venice Ln Sorrento, FL 32776	Add Remove
			Add Remove
			Add Remove
			Add Remove
<u>_</u>			Add Remove
	ng any other information, enter change(s  Also the EIN #	s) here: (Attach additional sheets, if necessary.) 27 – 1659549	TAL
	1/19/2010 .		FILED  JAN 22 PM 3:51  CRETARY OF STATE LAHASSEE, FLORIDA
	Signature of a member of	r authorized representative of a member  HTAM TA  printed name of signee	PH 3:51  OF STATE  E. FLORIDA
		W	

Page 2 of 2

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