## #1/100000348/

(Requestor's Name)				
(Ac	idress)			
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<i>(</i> , , , ,				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
		<b>—</b>		
(Bu	ısiness Entity Nar	ne)		
(Do	cument Number)	1		
Certified Copies	Certificate:	s of Status		
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EXAMINER NOV 2 2 2010

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	DEN	JUAN LLC			
<u></u>	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		DAVID CRUZ			
		Name of Person			
	DC AC	COUNTING SERVICES	PA		
	Firm/Company				
	24156 STATE ROAD 54 STE 1				
	_	Address			
		LUTZ FL 33559			
		City/State and Zip Code	<del></del>		
	DCRUZ( E-mail address: (	DCACCOUNTINGPA.C to be used for future annual report no	com otification)		
For further information	concerning this matter, please of	call:			
	AVID CRUZ	at ( 813 )	345-8503		
Name	of Person	Area Code & Day	time 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 enclo	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed		
Regist	LING ADDRESS:	Registration Sec			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Cor Clifton Building 2661 Executive			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 NOV 19 PM 3: 38

(Name of the Limiter	DEN JUAN LLC	s on our records.)	
(Name of the Ethines)	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited L Florida document numberL1000000		1/11/2010	and assigned
This amendment is submitted to amend the following	lowing:	•	
A. If amending name, enter the new name of	of the limited liability company here	2:	
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
			<del>.</del>
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			······
B. If amending the registered agent and/ registered agent and/or the new registered o		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	DULE TRNJANAC		
New Registered Office Address:	3458 KEENE PARL DR		
	Ente	er Florida street add	ress
	LARGO	, Florida	33771
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action Title Name **Address** MGRM DENNIS CRAMER ☐ Add ✓ Remove 22702 CHESTVIEW LOOP #308 LAND O LAKES FL 34639 DULE TRNJANAC MGRM 3643 S 58TH ST ✓ Add Remove MILWAUKEE WI 53220 ☐ Add Remove ☐ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 16** Dated\_ Signature of a member or authorized representative of a member DENNIS CRAMER

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00