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	(City/State/Zip/Phone	<del>(</del> )
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PICK-	UP WAIT	MÀIL
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Special Instruction	ns to Filing Officer:	
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SECRETARY OF STATE

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G. MCLEOD

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EXAMINER

TO: Registration Solvision of Co	
CHIP INCT.	Detniona KecoRDS. LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspondent	ondence concerning this matter to the following:
<u>_</u>	Andrew Wan
· ¯.	Name of Person
	Detniona Kecords, LLC
	-Firm/Company
	2380 Goffview DRIVE
•	Address
	Fleming Island, FL. 32003
	ENTREP646 ONL. COM
- Committee of the Comm	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Andr	ew- Wan at 904 264-3439
Name o	of Person - Area Code & Daytime Telephone Number
-	an.
Enclosed is a check for t	ne following amount:
\$25,00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

 $\neg$  OF

Dotning	Kon	ORD:	5 /	11.C			
(Name of the Limited Liabil	lity Company	v as it now a	nnearson	our records.)		-	
(A Florid	la Limited Lie	bility Comp	any)	<u>/</u> /			
		E1. J	3/	19/201	<i>(</i> )	!	
The Articles of Organization for this Limited Liability		vere med on	1 <del>-2/</del>	1/201	<u>o</u> and	assigned	
Florida document number <u>L1000003</u>	0136		•	;	•		
· · · · · · · · · · · · · · · · · · ·		•	. •	1			
This amendment is submitted to amend the following	: -			:			
A. If amending name, enter the new name of the li	imited liabil	ity compan	v here:				
<u> </u>				· •		-, . <del>-</del>	-
The new name must be distinguishable and end with the v	vorde "I imite	od Liability C	'omnany."	the designation	n "I I C" or ti	he abbreviativ	าก
L.L.C."	Moras Einuré	d Diability C	ompany,	the designano	i DDC or u	iic appreviant	,,,,
Futor may writering officer address if applicable.		:-		•			
Enter new principal offices address, if applicable:	D D FOOT				<u></u>	<del></del>	
Principal office address MUST BE A STREET AD.	<u>DRESS)</u>			·	≫υ <b></b>		
		<del></del>					
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Enter new mailing address, if applicable:					<del>数</del> 2		
(Mailing address MAY BE A POST OFFICE BOX)			<del> </del>		10 <b>70</b>	m—	
en e		<u> </u>	<u>:</u>	,	75		
			•	į			
B. If amending the registered agent and/or reg			on our i	ecords, <u>enti</u>	r the name	e of the ne	W
registered agent and/or the new registered office a	<u>aaress nere</u> :		•		*	. •	
•				ı			
Name of New Registered Agent:			-	. `	*		
New Registered Office Address:	-	<u> </u>					•
	•.		Enter F	lorida street	address		
		•		. Florida	•	;	•
		City		, . 1011014	Zip C	ode	•

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 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 **Title Name** <u>Address</u> **Type of Action** Remove Add 🗌 Remove ☐ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00

a member or authorized representative of a member