L10000035611

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
Certified Copies Certificates of Status
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N. Cullisen APR - 9 2013

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Dafflyn Name of Limit	property ()	<u></u>
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Bobby	Garfinke (Name of Person	
		Firm/Company	
	351 Vist	- Oak Dr	
	Longwa	od, Address	•
	Ela Const	4 F 32-7 City/State and Zip Code	9 <u>·</u>
	E-mail address: (to	City/State and Zip Code JN 50 N5 Q Q0 o be used for future annual report no	(om
For further information con	ncerning this matter, please ca	alt:	
Bobby	Garfinkel Person	at (<u>407)</u> 697- Afen Code & Dayt	- 3 4 48 inne Telephone Number
Enclosed is a check for the		·	-
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)



March 25, 2013

BOBBY GARFINKEL 351 VISTA OAK DRIVE LONGWOOD, FL 32779

SUBJECT: DAFFLYN PROPERTY LLC

Ref. Number: L10000035611

We have received your document for DAFFLYN PROPERTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the New Registered Agent in B.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 213A00006965

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ·) F	<u> </u>
Dafflyn Pro	sperty LLC	APR -
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	aby as it not appears on our records.) Liability Company)	98m - 9 F
The Articles of Organization for this Limited Liability Compan		and assigned
Florida document number L 1 0 0 0 0 0 3	5611	\$ 53 \$1E
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	aited Liability Company," the designation	LLC" or the abbreviation
Enter new principal offices address, if applicable:	351 Vista Oak	CD~.
(Principal office address MUST BE.A STREET ADDRESS)	351 Vista Oak Longwood, Fl	32779
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		the name of the new
Name of New Registered Agent: Dele. New Registered Office Address: BOBBY	te-Dennis Homni	(c)
New Registered Office Address: BOBBY	GARLINEEL 351 VUS	A OAK DE.
	enguad Florida_	3277 9 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 60S, 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

http://form.sunbiz.org/pdf/cr2e

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>	<u>Address</u>	Type of Action
M6R	Dennis Horanic	1947 Lake Markhem & Sanford, F1 327	Presence Add
		Sanford, F1 327	7/ Remove
			Add
			Remove
			Add
			Remove
	•		Add
	·		Remove
			<u>, </u>
			Add
			Remove
			
			Add
			Remove

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary:)	į
•		
	0/	
Dated	3/18 2013. Bobby Carfrikel	
	Signature of a member or authorized representative of a member Bob by Garfin (ce)	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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SECULE LARGE FLORIDA

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