L10000 36598

| (Re | questor's Name) | |
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| (Ad | dress) | <u> </u> |
| , (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FILED

D. BRUCE SEP 07 2010 EXAMINER

COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|---|--|---|
| DRG | FUND TWO | LIC | |
| SUBJECT: DKG | | ited Liability Company | |
| | | | |
| The enclosed Articles of Am | endment and fee(s) are sul | bmitted for filing. | |
| Please return all corresponde | nce concerning this matter | r to the following: | |
| - | Michael ? | Name of Person | |
| · _ | | Firm/Company | |
| | · | Firm/Company | |
| - | 101 1/ | Pink Island Ry Ste 2 | 0) |
| | D | TATION FL 33324 | |
| - | | | |
| _ | F. mail address: (| UILD & WFPLAW, COM to be used for future annual report notifica | otion) |
| For further information conce | | | ation) |
| 1 1 1 | ining this matter, please e | | 10 S |
| Name of Per | 105 | at (954) 944 - 2855 Area Code & Daytime | Telephone Number SSEY |
| Name of Fel | 5011 | Area Code & Daytime | |
| Enclosed is a check for the fo | llowing amount: | | PF ST |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Concentrate of Status & Certified Copy (additional copy is enclosed) |
| MAILING Registration | ADDRESS: | STREET/COURIED Registration Section | R ADDRESS: |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DRG FUND TWO | | |
|---|--|--|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our reconted Liability Company) | rds.) |
| The Articles of Organization for this Limited Liability Comp. | pany were filed on 4/5/10 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| The new name must be distinguishable and end with the words "L.L.C." | 'Limited Liability Company," the design | nation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u></u> | A _c - |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | O SEP -3 AN ME ECRETARY OF S LAHASSEE, FLO |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | d office address on our records, shere: | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida sti | reet address |
| | · · · · · · · · · · · · · · · · · · · | rida |
| | 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 = Manager

| MGRM = N | Managing Member | · | |
|--------------|---|---|------------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | CHAISTIANE 17944 VILLA CLUB WAY | 17944 VILLA CLUB WAY BOCA RAPON, FL 33496 | Add Remove |
| <u>MGR</u> | CHRISTIANE GOLDSTEIN | 17944 VILLA CLUB WAY BOLA RATEN, FL 33496 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, enter change(| s) here: (Attach additional sheets, if necessar | y.) |
| | THE PURPOSE FOR WHICH THIS LIN | MITTER LIABILITY COMMANY IS ORGANITED ESS, INCLUDING BUT NOT LIMITED AND SALE OF REAL ESTATE. | FIL 10 SEP -3 TALLAHASSEI |
| Dated | Michael | or authorized representative of a member | AH Dr 22 OF STATE E. FLORIDA |
| | ryped of | | |

Page 2 of 2

Filing Fee: \$25.00