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2010 MAY 19 PH 22: 05 SECRETARY OF STATE.

C. LEWIS

MAY 2 0 2010

EXAMINER

## **COVER LETTER**

Division of Corporations					
SUBJECT: DULIAN 689 HOLLINGS, LLC  Name of Limited Liability Company					
· · · · · · · · · · · · · · · · · · ·					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Please return all correspondence concerning this matter to the following:					
Name of Person					
CARLOS A. Gil, PA					
3910 W. FLAGUER STreet					
MIAMI, FL 3334  City/State and Zip Code					
CARLOS & CARLOS A GIL PA. LOM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CArlos GIL au315, 443.2525					
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified copy (additional copy is enclosed)} \text{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 OF

FILED

2010 MAY 19 PM 20 85

Zip Code

SECRETARY OF STATE TALLAHASSEE, FLORIDA it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L</u> 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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>	Name	Address	Type of Action
<u> 162m</u>	ADIT ANTEBI	P.O. BOX 430902- MIAMI , FLORINA 33243	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
<u></u>			<del></del>
Dated	MAY 12 Pp		ZILIAHASSEE
	4DIT	or authorized representative of a member  ANTEBI  or printed name of signee	HAY 19 PH RE 15

Page 2 of 2

Filing Fee: \$25.00