## L10000041536

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C. LEWIS

AUG 1 1 2011

EXAMINER



COVER LETTER •	
TO: Registration Section." Division of Corporations	
SUBJECT: DILLIGAF 2, LC  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:	
Deborah L. Revell Name of Person	
DILLIGAF 2	
Firm/Company P.O.Box31	
Sopchoppy F 32358	
Sopchoppy F 3 Z358  City/State and Zip Code  debie revelled ut 1 Com  E-mail address: (to be used for future annual report notification)	ì
For further information concerning this matter, please call:	
Deb; Revell at (850) 508 7717  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & }\ \text{Certificate of Status} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\text	sed)

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

FILED

lity Company as it now appears on our records.) (Name of the Limited Liabi (A Florida Limited Liability Company) 4-19-2000 The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number LID 00041536 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 \_\_ City

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 = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Deborah L. Revell	P.O. Box 31 Sopchopy F1 37350	_Add _ Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
	<del></del>		Add Remove
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	K =
Dated			2:16
_	Signature of a members	r authorized representative of a member	
_	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00