

L10000064376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

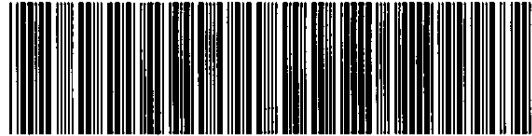
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2010 SEP 17 PM 5:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2010

DUSTIN HITE
DEAD EQUITY SOLUTIONS, LLC
7089 CADIZ BLVD.
ORLANDO, FL 32819

SUBJECT: DEAD EQUITY SOLUTIONS L.L.C.
Ref. Number: L10000064376

We have received your document for DEAD EQUITY SOLUTIONS L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 610A00021791

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dead Equity Solutions, 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:

Dustin Hite

Name of Person

Dead Equity Solutions, LLC

Firm/Company

7089 Cadiz Blvd

Address

Orlando, FL 32819

City/State and Zip Code

dustin.hite@deadequitysolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Hite

Name of Person

at (407) 506-8875

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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
OF

Dead Equity Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 16th, 2010 and assigned
Florida document number L10000064376

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

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 = Managing Member

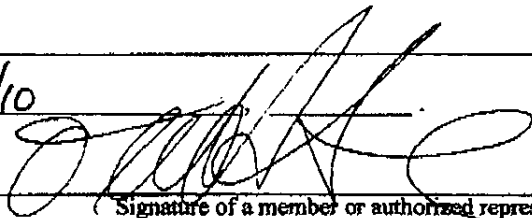
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|---------------------------------------|--|
| MGR | Dustin Hite | 7089 Cadiz Blvd. Orlando, FL 32819 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

09/20/10

X



Signature of a member or authorized representative of a member

Eric Badillo

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
2010 SEP 17 PM 5:28
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA