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SECRETARY OF STATE
FALLAHASSEE, FLORID

D. BRUCE

OCT 21 2011

EXAMINER

COVER LETTER

TO:				Section · · · · · · · · · · · · · · · · · · ·		1		
SUBJE	CT:	#	neet,	2786 Dúdlin, LLC				
				Name of Limited Liability Company				
The encl	losed	Art	icles c	of Amendment and fee(s) are submitted for filing.				
Please re	eturn	all o	corres	pondence concerning this matter to the following:				
				Robert Knobel				
				Name of Person				
	Firm/Company							
	384 S. Military Trail					₩ _{cc}		
				Address			, <u>s</u>	الرات
	Deerfield Beach, FL 33442 City/State and Zip Code					TAR)	7 20	
	robert@rmkworldwide.com				() OF (7	Ī	
For furth	ner in	forn	nation	E-mail address: (to be used for future annual report notification) a concerning this matter, please call:		TATE ORID/	35	. •
					705	13		
				Robert Knobel at (954) 725-37 e of Person Area Code & Daytime Telepho				
Enclosed	d is a	che	ck for	the following amount:				
\$25.0					\$60.00 Filir Certificate Certified ((additiona	of State Copy		sed)
				LING ADDRESS: STREET/COURIER ADD Registration Section	ORESS:			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2786 Dudlin	, LLC				
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appear	s on our records.)			
(Trional Emilion Emilion	miy company)				
The Articles of Organization for this Limited Liability Company we	re filed on	06/28/2010	and assigned		
Florida document numberL10000068591					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company her	<u>e</u> :			
2786 Dunlin Ro	d, LLC				
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:			,		
(Principal office address MUST BE A STREET ADDRESS)		}	5		
-		AH,	<u> </u>		
		188	AR 28		
Enter new mailing address, if applicable:		(ក)	` ≥ in		
(Mailing address MAY BE A POST OFFICE BOX)		F. C.			
-					
D. If amonding the variety and agent and/ou variety and affine		حور اه ساهداد الاساداد الدار	ha wawa a f s ha waw		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on o	ur records, <u>enter t</u>	ne name of the new		
Name of New Registered Agent:			 		
New Registered Office Address:					
Enter Florida street address					
		, Florida			
c	ity		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 = Ma MGRM = 1	anager Managing Member		•
<u>Title</u>	Name	Address	Type of Action
			Remove
			□ Damaya
			= n
			Damova
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets,	if necessary.)
_			A LEC
_			FILL RIZO L HASSEE, F
Dated	October 18	2011	STAFF OR OR
	Signature of a	member or authorized representative of a memb	er
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00