L10000076280

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SECRETARY OF STATION OF CORPORATION

N. Culligan DEC 20 2010

COVER LETTER

TO: Registration S Division of Co			w v
SUBJECT:	DANI TOR	EIA) SERVICES ted Liability Company	LLC
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GEOFFE	Ry R. SCA Name of Person NITORIAL SER	RIETT
•	JO JA	NITORIAL SER	VICES LLC
	3141 N. U	N 47 TERRACE Address	#431
	LAUdereda	City/State and Zip Code CORIAL SVC 9 Obe used for future annual report notifical	. 333/9
	I 6 Jani - E-mail address: (to	romial SVC 9 Co be used for future annual report notification	9ch-Conjon
For further information	concerning this matter, please ca		
CIEOFFERY Name	R. SCARLETT	at (<u>954) 297 - 44</u> Area Code & Daytime T	23Z_ elephone Number
Enclosed is a check for t	the following amount:		
325.00 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



10 DEC 17 AMII: 07 ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number <u>L100000762</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:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

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 Title ` **Address Type of Action** Name CHARMAINE FRANCIS MGR Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Descention 9th, 2010.

Geoffeng R. Scholatt

Signature of a member or authorized representative of a member

Geoffeng R. Scholatt

Typed or printed name of signee

Filing Fee: \$25.00