L10000089030

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	⇒ #)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to	Filing Officer:					
		!				
	•					
£.,,.						

Office Use Only



900243659019

01/25/13--01037--011 **30.00

SECRETARY OF SMALL OPINION OF CORPORATION

C. LEWIS

JAN 2 8 2013

EXAMINER

COVER LETTER

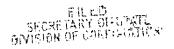
TO: Registration Section
SUBJECT: DU MEE ENTERPRISES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
WILLIAM DU MEE Name of Person
DU MEE ENTERARISES LLC Firm/Company
516 TAN DAKS TERR. Address
LOU 6WOOD FL 32750 City/State and Zip Code BILL - DU - MEE @ YAHOO. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (321) 277 \$113 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{Certificate of Status} \text{Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certif

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



2013 JAN 25 PM 1: 23

		EKTKISE		<u> </u>			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)							
The Articles of Organization for this Limited Liabilit	y Company			and assigned			
This amendment is submitted to amend the following	g:						
A. If amending name, enter the new name of the	limited liab	ility company here:					
The new name must be distinguishable and end with the "L.L.C."	words "Limi	ted Liability Company," th	ne designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicable:		516 TALL	OAKS	TERR.			
(Principal office address MUST BE A STREET AD	<u>ODKESS)</u>	LONG WC	DO D F	-C 32150			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		516 TALL	OAKS OD FI	TERK. 32750			
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:	AM2-0	ALL OAKS	NEE.	<u> </u>			
New Registered Office Address:	516 T	AU OAKS	TERE	2255			
<u>L</u>	-04 6 u	City					
		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 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				SECRE SIVISION	FICED SECRETARY OF STAFT IVISION OF COREGRAPTION		
<u>Title</u>	<u>Name</u>		Address		125 PM 1		Type of Action
<u>MGR</u> M	MADELINE DU	MEE	1516 1000	TALL	OAKS FL	TERR. 32750	_ X Add _ Remove
		-					Add Remove
		_					Add Remove
		-					Add Remove
		_					Add Remove
		-					Add Remove
	ling any other information, enter c	_ ,,			•		
<u></u>	VADRINE DU MER 1	DECL	nred Aled	VICE VICE	SIDENT E-Pasio	OF CO	LP COLP,
_							
Dated	1/21/2013.	-l.	 Mol.				_
	Signature of a me				ve of a membe	r	
	WILLIAM		printed name				

Page 2 of 2

Filing Fee: \$25.00