# LIMMONO 99432

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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APR 02 2014 D. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: DALO PROPERTIES 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:			
HARVARD D. MCKIBBIN			
Name of Person			
DALO PROPERTIES LLC			
Firm/Company			
13970 S US HWY 441			
Address			
MICANOPY, FL 32667			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)	•		
For further information concerning this matter, please call:			
HARVARD D. MCKIBBIN at 352		2014 HAR	( <del>==</del> 7
Name of Person Area Code Daytime Telephone Number	14 SSE	AR 31	Crace
Enclosed is a check for the following amount:	m m	PH	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

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

### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy (additional copy is enclosed)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DALO PROPERTIES LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number 110000099422	ny were filed on 09-20-2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Limited Li	iability 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)		
		20 manus
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 1 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	· —	ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Florida	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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

Title	<u>Name</u>	Address Type of Action
MGR	HARVARD D. MCKIBBIN	13970 S. US HWY 441
		MICANOPY, FL 32667
MGR	LONIE A. CARPENTER	13970 S. US HWY 441
		MICANOPY, FL 32667
		Remove
		Add
		Remove = □
		AR 3
<del></del>		Add:
·		
		Add
		Remove

. If a'mend	ing any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
(The effective	date, if other than the date of filing:  re date must be specific, cannot be prior to date of receipt or file is document is filed by the Florida Department of State)	(optional) ad date and cannot be more than 90 days after
Dated F	EBRUARY 21 2014	_ •
	Had OMEL	
	Signature of a member or author	ized representative of a member
	HARVARD C. MCKIBBIN	

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Filing Fee: \$25.00

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