## L10000100170

(1	Requestor's Name)			
(Address)				
(.	Address)			
(	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
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(by	Document Number)			
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O. LEWIS

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EXAMINER

## **COVER LETTER**

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SUBJEC'	Γ:		WAITLEY DBS, LLC  Name of Limited Liability Company			
			, , ,			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please reti	urn all correspo	ondence concerning this matter	to the following:			
			DAVID W PHILLIPS			
			Name of Person			
IAS FINANCIAL Firm/Company						
		230 CK	Address	<u> </u>		
		LC	ONGWOOD, FL 32750 City/State and Zip Code			
		CC	DACHIAS@AOL.COM			
		E-mail address: (	to be used for future annual report not	ification)		
For furthe	r information c	concerning this matter, please o	eall:			
	DA\	/ID PHILLIPS	at ( 407.)	260-8331		
	Name o	of Person	Ārca Code & Dayti	me Telephone Number		
Enclosed :	is a check for the	he following amount:				
\$25.00	) Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/COUF Registration Sect Division of Corp			

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

FILED
2010 OCT -5 PM 18 63

\//	ATLEY DRS LLC	10.4° f	RETARY UT STATE
(Name of the Limited Liabi (A Florid	AITLEY DBS, LLC lity Company as it now appears da Limited Liability Company)	s on our records.).	ARASSEE .FLUMU.
The Articles of Organization for this Limited Liability Florida document numberL10000100170			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here	:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
	<del></del>		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street add	dress
		, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action			
MGRM	STEVEN MARTEL	230 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750	Add Remove			
MGRM	WAITLEY ENTERPRISES	1802 N CARSON RD SUITE 212 CARSON CITY, NV 89701 US	Add ✓ Remove			
			Add Remove			
	· · · · · · · · · · · · · · · · · · ·		Add Remove			
<del></del>			□Add □Remove			
			Add Remove			
D. If amendin	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	_			
			FILL			
Dated		or authorized representative of a member	EL FLORIDA			
_	Steven M Typed o	r printed name of signee	<del></del>			

Page 2 of 2

Filing Fee: \$25.00