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12 NOV 29 PM 5: 48 SECRETARY OF STATE TALLAHASSEE, FLORID

D. BRUCE
NOV 3 0 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations DA'ARK, LLO		
SUBJECT:	Name of Limited Liability Company	
. The enclosed Articles of Amendment an	nd fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
MILAC	GROS TORRES	
DA'AF	Name of Person	
P.O. E	Firm/Company 30X 520431	
LONG	Address GWOOD, FL 32752	
-	City/State and Zip Code Oyahoo.com E-mail address: (to be used for future annual report notification)	
For further information concerning this r	, ,	
MILAGROS TORR	RES 407 285-7493	121
Name of Person	Area Code & Daytime Telephone Number	APPI A FII 12 NOV 29
Enclosed is a check for the following am	nount:	
\$25.00 Filing Fee \$30.00 Fil Certification	ling Fee & Certified Copy (additional copy is enclosed) Q\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	94 2: 48

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

DA' ARK, LLC

company has been notified in writing of this change.

(Name of the Limite	d Liabllity Company as it now appears on our red A Florida Limited Liability Company)	cords.)
•	O9/24/201 Liability Company were filed on	12
Florida document number		
This amendment is submitted to amend the fo	Howing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Company," the des	TALL SE
Enter new principal offices address, if appl	icable:	<u></u>
(Principal office address MUST BE A STRE	ET ADDRESS)	State of the second

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	₩ ∞
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on our record office address here:	s, enter the name of the new
Name of New Registered Agent:	MILAGROS TORRES	
New Registered Office Address:	734 BAYWOOD CIRLCE Enter Florida	street address
	SANFORD, F	lorida <u>32773</u> Zip Code
New Registered Agent's Signature, if changing	·	Zip Coae
the provisions of all statutes relative to the accept the obligations of my position as reg	red agent and agree to act in this capacity. If proper and complete performance of my dution gistered agent as provided for in Chapter 608 a registered office oddress. I hereby confirm t	es, and I am familiar with and , F.S. Or, if this document is

Page 1 of 3

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 = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Milagros Torres	734 Baywood Circle	Add
•		Sanford, FI 32773	Remove
MGRM	Joshua Hernandez	1516 Mockingbird Lane	Add
		Longwood, FI 32750	Remove
MEM	Julia E. Hernandez	Res. San Felipe 1-C Depto. 502	Add
		Jesus Maria, Lima, Peru	Remove
MEM	Ana Hernandez	Res.San Felipe 1-c dpto 502	12 Adde
		Jesus maria , Lima Peru	FILED W 2000 PH SECTOR
MGR	Zoila Hernandez	1516 Mockingbird Lane	5: 48 Add
		Longwood, FI 32750	Remove
MEM	Dora A Alvarado=Torres	7733 Range Dr.	_ 🕜 Add
		Orlando, Fl 32810	Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Milagios Torves will be manager efective 11/01/12 with 0% ownership.
	Joshua A. Hernandez will be manager member since of loiliz with 590 ownership
	Julia E. Hernandez has been member since oi/oi/12 with 55% ownership
	Ana Hernandez has been a member since or for liz with 35% ownership
	Dora A. Alvavado - Torres has been member since official with 5% ownership zoila Hernandez will be removed effective 12/05/12
Dated _	october 30, 9013.
	To last de counte
	Signature of a member or authorized representative of a member
	Zoila Hernandez
	Typed or printed name of signee
	D 2 - 5 2

Page 3 of 3

Filing Fee: \$25.00

12 NOV 29 PH 5: 48
SECREMAYERS SATE