## L10000126056

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SECRETARY OF STATE ALLAHASSEE, FI ORION

J. SAULSBERRY EXAMINER

SEP 0 6 2011

## **COVER LETTER**

Division of Corporations	
SUBJECT: DELTA SPRI	NGS LLC of Limited Liability Company
The enclosed Articles of Amendment and fee(s Please return all correspondence concerning the	•
	Soraya Tamaddon Name of Person
D	ELTA SPRINGS LLC Firm/Company
434	ARGOVISTA DR. Address
Sori	City/State and Zip Code  City/State and Zip Code  Com a col. com  ddress: (to be used for future annual report notification)
For further information concerning this matter,	at (401) 758-1671  Area Code & Deutine Telephone Number 758
Soraya Jamaddon Name of Person	City/State and Zip Code  Cum a col. com  ddress: (to be used for future annual report notification)  please call:  at (401) 758-1671  Area Code & Daytime Telephone Number  REF SATE  23
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee Certificate of S	
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations 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

(Name of the Limited Liability Con	PRINGS UC mpany as it now appears on	our records.)
(A Florida Limit	ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/	7/2010 and assigned
Florida document number L 10000126050		•
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited	liability company here:	
NA		
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	_ N/A	
(Principal office address MUST BE A STREET ADDRESS	5)	2611 TALL
		AR A T
		ASS I
Enter new mailing address, if applicable:	N/A	SE 2
(Mailing address MAY BE A POST OFFICE BOX)		
		8: 03
R If amonding the registered agent and/or registered	l office address on our	, Barke
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:	4	
New Registered Office Address:		
	Enter F	lorida street address
***************************************	·	, 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 Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
MGRM	SHAYAN TAMADDON	434 Largovista Dr. Oakland, FL 34787	Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
·			AddRemove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.	) 
		PALLAHASS	2011 SEP
Dated	8/29 , 20		Y 10 1
-	Soana	or authorized representative of a member  A MARIAN OF THE PROPERTY OF A MARIAN OF SIGNED TO THE PROPERTY OF SIGNED TO THE SI	
	,	Page 2 of 2	

Filing Fee: \$25.00