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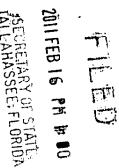
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C. LEWIS
FEB 1 7 2011
EXAMINER

COVER LETTER

Division of Co		k. k.	4 -
SUBJECT?	DUTCH EMBA	ASSY RENTALS, LLC	
		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Herve Jean-Pierre	<u>.</u>
		Name of Person	
	HJF	Financial Services, Inc	
		Firm/Company	
	111:	3 SE 47th Terrace Ste 1	
		Address	
	C	ape Coral, FL 33904	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifica	tion)
For further information	concerning this matter, please c	all:	·
		at ()	
Name	of Person	Area Code & Daytime T	clephone Number
Enclosed is a check for	the following amount:		
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
•			

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

FILED

2011 FEB 16 PM 版 #0

DUICH	EMBASSY RENTALS,	LLC #SE	UREJARY OF STATES
(Name of the Limited I	iability Company as it now appear lorida Limited Liability Company)	rs on our recordstAC!	EARASSEE, FLURIUA
·	, , ,		
The Articles of Organization for this Limited Lia	bility Company were filed on	01/20/2011	and assigned
Florida document number L110000081	126		
			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company her	<u>:e</u> :	,
The new name must be distinguishable and end with	the words "Limited Liability Compa	nny," the designation "l	LC" or the abbreviation
L.L.C."			
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u> </u>	 	
B. If amending the registered agent and/or	registered office address on a	num magands antom t	ha nama of the naw
registered agent and/or the new registered offi	ce address here:	our records, emer t	ne name of the new
	,		
Name of New Registered Agent:			
Tunio of Now Registered Figure.			
New Registered Office Address:		. 57 17	
	Enter Florida street address		
•		, Florida	
	Citv		Zin 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 = MGRN	= Manager F≔ Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u>. </u>		Add Remove
			□ D
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If aı	mending any other information, enter change. Please Correct name one of the me	mbers:	rsary.)
	HERMAN, RICK name should be h	Henricus Marcus Herman	
			2011 FEB
Dated _	2/11/2011	<u>\</u>	I ARY OF ASSEE.
	у Н	er or authorized representative of a member lerve Jean-Pierre d or printed name of signee	STATE OF FLURRIDA

Page 2 of 2

Filing Fee: \$25.00