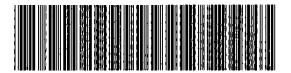
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APR 5 2011

COVER LETTER

Division of Co	orporations				
SUBJECT:	DG W	eeki Wachee			
JOBSECT.	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
		Jeanne Edwards	<u> </u>		
		Name of Person			
	(CSC Properties, LLC			
		Firm/Company			
	4592	4592 Ulmerton Road Suite 102			
		Address			microzn.ion
		Clearwater FL			
		City/State and Zip Code			
	E-mail address: (nne@cscproperties.com to be used for future annual report not	fication)	AM II: 30 DF SDAJE DF FLORIDA	
For further information	concerning this matter, please of	eall:			
	anne Edwards	at (_727_)	446-3444		
Name	of Person	Area Code & Daytii	ne Telephone 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 enclose	d) Certified C	of Status &	
MAILING ADDRESS:		STREET/COUR	IER ADDRESS:		

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	DG Weeki	Wachee			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L Florida document numberL1100001	were filed on	and assigned			
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Compa	ny," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable:		4950 W Kenn	nedy Blvd	<u> </u>	90 TOOL
(Principal office address MUST BE A STREET ADDRESS)		Suite 610		ASS -	B ABLETTE
		Tampa FL 33	3609	EE-C	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4950 W Kenn Suite 610	edy Blvd	AM III: 30 F SIAIE FLORIDA	S
		Tampa FL 33609			
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, <u>enter</u>	the name o	of the new
Name of New Registered Agent:	Martin Solomon				
New Registered Office Address:	4950 W Kennedy Blvd Suite 610 Enter Florida street address				
		Tampa		3360	q
		City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing l	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. orles

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CSC Properties LLC	Suite 102 Clearwater FL 33762	Add ✓ Remove
MGR_	Martin Solomon	4950 W Kennedy Blvd Suite 610 Tampa FL 33609	Add Remove
MGR	Mary Anne Reilly	4950 W Kennedy Blvd Suite 610 Tampa FL 33609	Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, i	2011 APR -1 AM
——Dated	March 30	Marten Johnnon	II: 30
	Signatur	e of a member of authorized representative of a membe Martin Solomon	er
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00