L110000019577

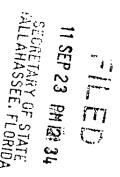
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600212278266

09/23/11--01010--023 **25.00



D. BRUCE

SEP 26 2011

EXAMINER

COVER LETTER

, TO:. Registration Section

Divisio	of Corporations			
SUBJECT:	DL Po	ol Service LLC		
	Name of Lin	nited Liability Company		
The enclosed Art	icles of Amendment and fee(s) are so	abmitted for filing.		
Please return all	correspondence concerning this matte	er to the following:		
		John C. Goede, Esq.		
		Name of Person		
	John C. Goede, P.A.			
		Firm/Company		
	8950 Fontana Del Sol Way, Suite 100			
		Address	 12	4
	Naples, Florida 34109		LLA	SS:
		City/State and Zip Code	HAS	23
	john E-mail address:	@FLCommunityLaw.com (to be used for future annual report notific	eation) CS	.
For further inform	nation concerning this matter, please	•	FLO	
	John C. Goede, Esq.	. 220	331-5100 RBA	မှ
	Name of Person	at (239) Area Code & Daytime		
Enclosed is a che	ck for the following amount:			
\$25.00 Filing	Fee \$\sum \\$30.00 \text{Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	tus &
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DL P (<u>Name of the Limited Liabilit</u> (A Florida	ool Service LLC y Company as it now appea Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability (Florida document numberL11000019577	Company were filed on	02/15/2011	and assigned
This amendment is submitted to amend the following:		,	
A. If amending name, enter the new name of the lim	nited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		_	\$ \
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable:			EP 23 PH
(Mailing address MAY BE A POST OFFICE BOX)			STATE ORIDA
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter 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 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			
<u>MGR</u>	Christina Dembowski	13300 S. Cleaveland Ave Fort Myers, Florida 33907	Add Remove			
<u>MGR</u>	John C. Goede	8950 Fontana Del Sol Way, Suite 100 Naples, Florida 34109	Add Remove			
			Add Remove			
			Add Remove			
 			Add Remove			
			Add Remove			
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.) —			
 			11 SEP 23 PM			
Dated	September 19 , 2	POIT CARD A	なる。			
	-	John C. Goede ed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00