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SECRETARY OF STATE
ALL ALASSEF FLORD

C. LEWIS

APR 1 6 2012

EXAMINER

## **COVER LETTER**

TO: * Registration Section  Division of Corporations*
SUHSECT: *** DLTMATE GRANTS LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
VIVIAN T. GREENE  Name of Person
GREENE REAC ESTATE 4 CEC
8701 VIA ANCHO ROAD
BOCA RATION FL 33433 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VIVIAN T. GREENE at (56), 809 060 4  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

OF	12 APD
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ANTS LCC SECRETARY OF STATE OMPANY)  TO SECRETARY OF STATE OF STAT
The Articles of Organization for this Limited Liability Company were file Florida document number	d on 3/16/11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here: ATE 4 UC
The new name must be distinguishable and end with the words "Limited Liabil "L.L.C."	ity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Fioriaa sireei aaaress

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

	<u>Name</u>	Address	Type of Ac
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	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if	necessary.)  SECRETARY OF STALLAHASSEE, FL
		ge(s) here: (Attach additional sheets, if	necessary.)  SECRETARY OF STALLAHASSEE, FL
	APRIL 12	ge(s) here: (Attach additional sheets, if	12 APR 13 PM SEGRETARY OF TALLAHASSEE, F
	APRIL 12 , 25	ge(s) here: (Attach additional sheets, if	necessary.)  SECRETARY OF STALLAHASSEE, FL

Page 2 of 2

Filing Fee: \$25.00