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(Re	equestor's Name)			
(Ac	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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SEGRETARY OF STATE

J. SAULSBERRY EXAMINER

APR 13 2011

COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	DPride LLC	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	Daniel Stephen Pride Jr. Name of Person	
	Name of Person	
•	DPC DE LLC Firm/Company	
•	Firm/Company	
	413 2nd St. South	
	Address	
	Drade LLC Firm/Company 113 2nd St. South Address Jacksonville Beach, Fl 3225 FEE APR City/State and Zip Code Jacksonville Beach, Fl 3225 FEE APR City/State and Zip Code Jacksonville Beach, Fl 3225 FEE APR City/State and Zip Code Jacksonville Beach, Fl 3225 FEE APR City/State and Zip Code Jacksonville Beach, Fl 3225 FEE APR City/State and Zip Code Jacksonville Beach, Fl 3225 FEE APR Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number	ردسي
	City/State and Zip Code	- 1
	F-mail address: (to be used for future annual report politication)	
For further information	concerning this matter, please call:	1 1
	oncerning this matter, please can:	
Da	at (904) 654-4475 Area Code & Daytime Telephone Number	
Name	f Person Area Code & Daytime Telephone Number	
Enclosed is a check for	ne following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 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

bility Company as it now ap	pears on our records.)		
	26	and assig	ned
g;			
limited liability company	here:		
words "Limited Liability Co	mpany," the designation	"LLC" or the abl	breviation
:		SEL	
DDRESS)		AR AR	11.
		12 PM	
		- 유전 두	Physical Property of the Control of
<u> </u>		<u> </u>	
egistered office address of address here:	on our records, <u>ente</u>	r the name of	the new
	Enter Florida street a	ddress	
City	, Florida _	Zip Code	
	ity Company were filed on g: Imited liability company words "Limited Liability Co : DDRESS) egistered office address of address here:	g: Imited liability company here: words "Limited Liability Company," the designation: DDRESS) egistered office address on our records, enteraddress here: Enter Florida street address, Florida	g: limited liability company here: words "Limited Liability Company," the designation "LLC" or the abl

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
MGR	Daniel Stephen Pride Jr	413 2nd St. South Jax Beach, F1 37.250	Add Remove
MGR	Cindy Pade	413 20 Jt South Jochsonville Beach, F1 37250	Add Remove
MGRM	Daniel Pride Sc	Jachsonalle Beach Fl	Add Remove
·			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary	7
			FILED OII APR 12 PM 4:52 SEGRETARY OF STATE LEARLASSEE FLORID
Dated A	ocil 8th , 2	<u></u> .	52 52
	Signature of a mem	ber or authorized representative of a member	
		Daniel Prode Jr. ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00