

L11000054360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

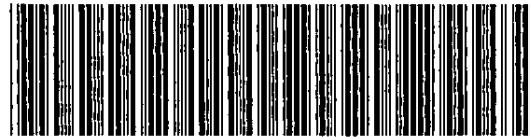
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 28 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DAT HOLDINGS GROUP, 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:

DAROLD WILLIAMS

Name of Person

DAT HOLDINGS GROUP, LLC

Firm/Company

273 BRAEBURN CIRCLE

Address

DAYTONA BEACH, FL 32114

City/State and Zip Code

datholdingsgroup@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAROLD WILLIAMS

Name of Person

at (386) 383-6288

Area Code & Daytime 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 enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

\* 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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUN 26 PM 3:10

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

DAT HOLDINGS GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/09/2011 and assigned  
Florida document number L11000054360.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

D. D. W. HOLDINGS GROUP, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

590 NW LONG ST.

LAKE CITY, FL 32055

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

273 BRARBURN CIRCLE

DAYTONA BEACH, FL 32114

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

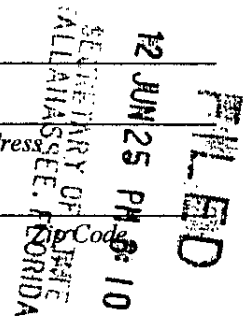
Florida

City

**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**



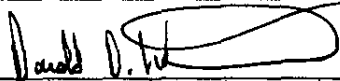
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	TINA B. WILLIAMS	517 NE TAYLOR AVE LAKE CITY, FL 32055	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BETTY B. WILLIAMS	590 NW LONG ST. LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DAROLD D. WILLIAMS	590 NW LONG ST. LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DAROLD D. WILLIAMS	517 NE TAYLOR AVE LAKE CITY, FL 32055	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated June 20, 2012



Signature of a member or authorized representative of a member

DAROLD D. WILLIAMS

Typed or printed name of signee

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12 JUN 25 PM 6:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA