## L110000003735

(Requestor's N	ame)	
(Address)		
(Address)		
(City/State/Zip/	Phone #)	
PICK-UP WA	IT MAIL	
(Business Enti	ty Name)	
(Document Number)		
Certified Copies Certif	ficates of Status	
Special Instructions to Filing Office	er:	

Office Use Only



800209097528

06/21/11--01012--019 \*\*25.00

11 JUN 21 AM DE 21

D. BRUCE

JUN 22 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Dames With Danes, UC 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:		
April Mosco Name of Person  Dames With Dames, UC Firm/Company		
14 Catalina Drive	22 <b>=</b>	
Humpton, Va. 23664 City/State and Zip Code	JUN 21	
Dameswithdenes Commit. Com E-mail address: (to be used for future annual report notification)	H P Y of St EER FLO	
For further information concerning this matter, please call:	* 2 * 2	
April Mosco at (904) 402-2802  Area Code & Daytime Telephone Number	<b>&gt;</b>	
(additional copy is enclosed) Certified	te of Status &	ed)

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

Dames WHL	Drings, 11C		
(Name of the Limited Liabil (A Florid	lity Company as it now appear: la Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L1100000637</u> :		the 61, 2011 and assigned	
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company here	≇:	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Compar	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADd	DRESS)	Da N	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		AND: 21	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ag		ur records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street address	
	City	, Florida 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 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

MGRM = Managing Member Type of Action **Address** <u>Title</u> Name Jamie L. Wooster Add ☐ Remove ☐ Add ☐ Remove Add Remove \_ □ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated June 83

Page 2 of 2

Filing Fee: \$25.00