## L11000068393

(Requestor's Name)
(Address)
(A.1
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 15 2011

## **COVER LETTER**

TO: Registration S Division of C				
SUBJECT:	Do	ektel LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		Laurie Decker		
		Name of Person		
		Dektel LLC		
		Firm/Company		
	10	132 Paddock Oaks Dr.		<b>29)</b> SE
	LAL LAR			
Riverview, FL 33569				UG 12 AM ID: 50 ETARY OF STATE HASSEE, FLORID
		City/State and Zip Code		12 A RY OF SSEE.
	de Maril addense: A	eck2261@verizon.net to be used for future annual report	natification)	FLS T
For further information	concerning this matter, please of	•	notification)	2011 AUG 12 AM 10: 50 SECRETARY OF STATE ALLAHASSEE, FLORIDA
	aurie Decker	at ( 954 )	325-4053	\ 
Name	of Person	Area Code & D	aytime Telephone Number	
Enclosed is a check for	the following amount:			
<b>₹</b> 25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed) · Certified	e of Status &
MAI	LING ADDRESS:	: STREET/CO	DURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Dektel LLC		· •	
(Name of the Limited L (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab	oility Company were filed on	06日312011	and assigned	
Florida document number L1100006 3	93			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> ;		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applical	ole:		AR A	
(Principal office address MUST BE A STREET	ADDRESS)		ASSET ASSET	
Enter new mailing address, if applicable:			AN ID:	
(Mailing address MAY BE A POST OFFICE BOX)			Dm 00	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter (	he name of the new	
Name of New Registered Agent:		,	<del></del>	
New Registered Office Address:		<u> </u>		
	Enter Florida street address			
	, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
פט <b>ת</b> ם	Laurie Decker	10132 Paddock Oaks Drive Riverview, FL 33569	_☑ Add _☐ Remove
			☐ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			□Add □開始ove □ ACR A
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	ECRETARY OF
			AM 10: 50  FLORIDA
	1		-
Dated	2/0	2	
_	RANDY	r authorized representative of a member  T DECKER  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00