11000119025

(Re	equestor's Name)
(Ac	ddress)	
(Ad	idress)	
(Cit	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	nme)
(Do	ocument Number	r)
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SECRETARY OF STATE

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то:	Registration'S Division of Co			
SUBJE	CCT:	DASH Re	eal Estate I, LLC	
5050			ted Liability Company	
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Samuel J. Heller, Esq.	
		•	Name of Person	
			291 7th St S	
•			Address	
		St.	Petersburg, FL 33701	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	tion)
For fur	ther information	concerning this matter, please of	all:	
•				
		4.0	at (Slatan Vinda
	Name (of Person	Area Code & Daytime	etepnone Number
Enclose	ed is a check for t	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & 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

DASH Real Estate I, LLC				
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appe Liability Company	ears on our records.)		
(,		
The Articles of Organization for this Limited Liability Company	y were filed on	October 15, 2011	and assigned	
Florida document numberL11000119025				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	oility company h	ere:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Com	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		, , <u>,</u>		
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered o		our records, enter the	he name of the new	
registered agent and/or the new registered office address her	<u>re:</u>			
		Ā	KA 🚉	
Name of New Registered Agent:	<u> </u>	<u>*</u>	a m	
New Registered Office Address:	~ 	<u> </u>	C	
	I	Enter Florida street वर्षीते रेप	Febrs W	
		, Florida 🚉		
	City	<u> </u>	Zip G ode 💍	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	쫎		

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

<u>Title</u>	Name	Address	Type of Action		
MGR	John D. Illman	28910 US Highway 19 N Clearwater, FL 33761	Add Z Remove		
MGRM	David S. Auslander	28910 US Highway 19 N Clearwater, FL 33Z61	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
# + (m-1)			Add Remove		
D. If amendin	g any other information, enter change(s	i) bere: (Attach additional sheets, if necessary.)	_		
			-		
· 			_		
Dated	December 12/ , /2011	Marke			
		authorized representative of a member			
David S. Auslander Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00