

Aug. 23 2013 01:54 PM

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# LI000137956

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : O'HAIRE, QUINN, CANDLER, & CASALINE CHARTERED  
Account Number : 073077002560  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE GAYFEATHER CO., LLC

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August 23, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

O'HAIRE, QUINN, CANDLER

SUBJECT: DLS, LLC  
REF: W13000046943

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

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2013 AUG 23 AM 8:45  
H13000187490 3  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

The Gayfeather Co., 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 December 7, 2011 and assigned  
Florida document number L11000137956.

This amendment is submitted to amend the following:

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

DLS Florida, 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)

1736 Ocean Drive

Vero Beach FL 32963

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1736 Ocean Drive

Vero Beach FL 32963

**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

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Stephane Cote	1736 Ocean Drive	<input checked="" type="checkbox"/> Add
		Vero Beach FL 32963	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

**Stephane Cote**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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