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(Requestor's Nam	ne)			
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PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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EXAMINER

COVER LETTER

SUBJECT:		Dallas, LLC ed Liability Company	44-3		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Joseph R. Boyd			
Name of Person					
Boyd, DuRant & Sliger, P.L.					
Firm/Company					
1407 Piedmont Drive East					
Address					
Tallahassee, Florida 32308					
City/State and Zip Code					
Chrismoya@themoyagroup.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please ca		,		
Мог	nique Jackson	at (850)	386-2171		
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for t	he following amount:				
 	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc.	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

	Fort Dallas, LLC			
(Name of the Limited Lia	bility Company as it now apperrida Limited Liability Company	ars on our records.)		
(ATA	inida Emmed Elabinty Company	•		
The Articles of Organization for this Limited Liabi	lity Company were filed on	January 4, 2012	and ass	signed
Florida document numberL1200000137	<u>′0 </u>			
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability company h	ere:		
The new name must be distinguishable and end with the	e words "Limited Liability Com	pany" the designation "I I	C" or the	ahhreviatio
'L.L.C."	le words Ellinied Elabinty Cont	parry, the designation LL	C of the a	audi¢viano.
Enter new principal offices address, if applicable	e:			
Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>	fo 🛶	
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Enter new mailing address, if applicable:	· 	<u> </u>	-<	ł
Mailing address MAY BE A POST OFFICE BO	X)	£7		177
		en Ar	点 <u>さ</u>	1,200
		- -	6 0	· · · · · ·
B. If amending the registered agent and/or	ragistared office address on	our records onter the	a nama c	of the nes
registered agent and/or the new registered office		our records, enter the	z Haine u	i the nev
egistered agent and or the new registered vines	, www. e.g. x.e. e			
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
-	, Florida			
	City		7in Code	2

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** MGRM Albert Maury 1400 VILLAGE SQUARE BLVD. □ Add SUITE 3-251 Remove TALLAHASSEE FL 32312 US Asaska Thomasville, LLC MEMB PO BOX 652604 ✓ Add Remove MIAMI.FL.33265.US_ ☐ Add ☐ Remove Add Remove \prod Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 2012 Dated _____ Signature of a member of arthorized representative of a member Christopher Moya, MGRM

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00