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12 JUN 25 PH 3: 05

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T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DT Fergu	Name of Limited Liability Company
The enclosed Articles of Amendment Please return all correspondence con	
<del></del>	TANE Ferguson Name of Person
	Firm/Company 161 Harmaniew Dr.
	Address  Clavernier Fl. 3300  City/State and Zip Code  Ferguson Anie Beusouth. Net  E-mail address: (to be used for future annual report notification)
For further information concerning t	
ADAM DOMOROS  Name of Person  TANE Ferguson	at (772) 370-6464 Area Code & Daytime Telephone Number 305-394-1190
	g amount:  D Filing Fee & \$\ \text{S55.00 Filing Fee & }\ \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)}
MAILING ADDI Registration Section	

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JUN 25 PM 3: 05

DT Femuse	S 110		12 3014 23 1				
(Name of the Limited Li	ability Company as orida Limited Liabili	it now appears or	our records.)	<del></del>			
(A rii	orida Limited Liabili	ty Company)					
The Articles of Organization for this Limited Liabi	ility Company were	e filed on	3-5-2012	and assigned			
Florida document number	<u> </u>						
This amendment is submitted to amend the following	ing:						
A. If amending name, enter the new name of th	e limited liability	company here:					
<u></u>							
The new name must be distinguishable and end with the "L.L.C."	he words "Limited L	iability Company,	'the designation "LLC	or the abbreviation			
Enter new principal offices address, if applicable	le:						
(Principal office address MUST BE A STREET A	ADDRESS)						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BO	<u> </u>						
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:							
registered agent and/or the new registered offic	e aduress here:						
Name of New Registered Agent:							
Name of New Registered Agent.		<del></del>					
New Registered Office Address:	New Registered Office Address:  Enter Florida street address						
Enier Florida street adaress							
-	, Florida			Zip Code			
	Cit	<i>y</i>	4	ир Соае			
New Registered Agent's Signature, if changing Reg	istered 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

**Type of Action Address** <u>Title</u> <u>Name</u> AMANDA Thompson - Domanuski MGR Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 6-21-12 Signature of a member or authorized representative of a member TANE FERGUSON
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00