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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	, <u></u>
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE.

N. Gulffgan NOV 2 7 2013

COVER LETTER

TO; Registration Sec Division of Corp		, , ,	*
SUBJECT:	Name of Limit	ed Liability Company	Dervie, LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Sandra	Name of Person	Kenship
		Firm/Company	
	1351 8	Address	JOE 4:00-
	Ford P.	City/State and Zlp Code	SAGAQ
	TE-mail address: (to	be used for future annual report notification	
For further information con	ncerning this matter, please ca	ılı:	
Sandra (Name of	Person Blank	Area Code & Daytime Tel	2-353-2999 ephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 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

FILED

2013 NOV 25 AM II: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

たのパジモリノ

New Registered Office Address:	
Name of New Registered Agent:	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the noce address here</u> :
Unutuing waters MAT BLAT OUT OF THE BO	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ovi
Enter new principal offices address, if applicate (Principal office address MUST BE A STREET	
"L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviati
A. If amending name, enter the new name of t	
This amendment is submitted to amend the follow	ving:
Florida document number 1,120000	331329
The Articles of Organization for this Limited Liab	bility Company were filed on 63/65/12 and assigned
(A F	lability Company as it now appears on our records. lorida Limited Liability Company)

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
	<u></u>		Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
		 	Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• 1	
ated	Nov. 20, 2013,
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Dans 2 of 2

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Filing Fee: \$25.00

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