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EXAMINÉR

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COVER LETTER

TO:

TO: Registration Division of C	n Section Corporations			
SUBJECT:	DAGDEL LEARN	IING ASSOCIATES, LLC		
		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.		
Please return all corre	espondence concerning this matte	er to the following:		
		JOSE A. DELGADO		
		Name of Person	;	
		Firm/Company	ALLARE MAY	
18511 SOUTHWEST 12TH STREET		ASS.		
		Address		
	PEM	IBROKE PINES, FL 33029		
		City/State and Zip Code		
	E-mail address:	delgado23@gmail.com (to be used for future annual report notificati	on)	
For further information	on concerning this matter, please	call:		
JOF	RGE R. ESCOBAR	at (305) 37	1-8797	
Nan	ne of Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAGDEL LEAR	NING ASSOCIAT	ES, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	03/15/2012	and assigned
Florida document numberL12000036467	- ∙		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	ere:	
DAGDEL OF S	SOUTH FLORIDA, L	LC	3
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	pany," the designation "I	Corthaabbreviation
Enter new principal offices address, if applicable:			S 1
(Principal office address MUST BE A STREET ADDR.	ESS)		
			S
			5
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	Iress
	, Florida		
	City		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 = Ma $MGRM = N$	inager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add
			Remove
			Remove
			Ade C
			Add
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.	
. –			<u>. </u>
_			
_			
Dated	September 26 ,	2012	
	norast	Delgado	
	Signature of a mer	nber or authorized representative of a member Nora 1. Delgado	
	ту	/ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00