#L/200036660

(Re	questor's Name)				
(Ad	dress)	<u> </u>			
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu:	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			
		,			

Office Use Only



400227856834

04/10/12--01010--001 **25.00

FILED'S

12 APR 10 PM 2: 33

SEURETARY OF STATE

ANT LHASSEE, FLORIDA

K.SALY EXAMINER APR 11 2012

COVER LETTE

TO:	Registration Se Division of Cor		ė.	
SUBJI	ECT:		ce Holdings, LL ited Liability Company	<u>-C</u>
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	r to the following:	
		G	Name of Person	lice
		DeFe	ice Holdings, L	1-
		9528	Scenic Pine	C+
			Port Richey, City/State and Zip Code	F1 34 655
		glowdere B-mail address: (to be used for future annual report notificati	On)
For fur	ther information co	oncerning this matter, please o	call:	
	Glory	Defence	at (23) 856-65 Area Code & Daytime Te	560 07 727 264 6552 lephone Number
Enclose	ed is a check for th	e following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

FILEDA.

12 APR 10 PM 2: 33

SECRETARIA

	31	^	2:33
Defelice Ho	ldings L	SECAL TALLA	ETARY OF STATE HASSEE, FLORIDA
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar	y were filed on	3-14-12	and assigned
Florida document number <u>L 120000 3(dele 0</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
Θ			
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	***************************************		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	office address on ou	ir recorde enter tl	ha nama of the naw
registered agent and/or the new registered office address he	re:	r records, enter ti	ie name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street addr	ess
		, 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 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> **Type of Action Name Address** MGRM Remove ☐ Add ☐ Remove ☐ Add Remove Add ☐ Remove ∐Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) epresentative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00