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(((H12000294691 3)))



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Division of Corporations

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: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. Account Name

Account Number : 076077001702 Phone

: (407)841-1200

: (407)423-1831 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tracy.duda-chapman@duda.com

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DEAN MEAD ORLANDO (((H12000294691 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 12 OEC 17 AM 9: 48

2002

DGS	PELL CITY, LLC			
(Name of the Limited Liability (A Florida)	Company as it now appearmited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	ompany were filed on	05/03/2012	and assigned	
Florida document number L12000060420	'			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wor	ds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	<u>-</u> .			
(Principal office address MUST BE A STREET ADDR	ESS)			
			<u> </u>	
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)				
			•	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on e ess here:	our records, <u>enter t</u>	ne name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	En	Enter Florida street address		
	City	, Florida	Zip Code	
New Degistared Agent's Signature if changing Degistered	•		Zip Coae	

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 duttes, 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 heing 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

Page 1 of 2

DEAN MEAD ORLANDO (((H120002946913)))

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>	<u>Name</u>	Address	Type of Action
MGRM	Duda PMC Properties, LLC	1200 Duda Trail Oviedo, FL 32765	Add Remove
MGR	Tracy Duda Chapman	1200 Duda Trail Oviedo, FL 32765	Add Remove
MGR	Palmer B. Weeks, Jr.	1200 Duda Trail Oviedo, FL 32765	☐ Add
MGR	Mark E. Engwall	1200 Duda Trail Oviedo, FL 32765	☐ Add ☑ Remove
			Add Remove
			Add
D. Ifan	•	nge(s) here: (Attach additional sheets, if nece	
	as follows:		s
	"Article IV - N	/lanagement	
	The Company is to be a member	er managed company."	
Dated	,	Mark Engwall	
	Na	oer or authorized representative of member WK ENWALL Senior Viced or printed name of signee	ce President

Page 2 of 2

Filing Fee: \$25.00