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JUN 21 2013 O. BUTLER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Minmi - Dade Invastigators, LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Reginald Hope Name of Person Misson: Dada Thursday has 1/2
Minmi-Dade Thywrightons, LLC
2929 S.W. Bal AVE Suite 502
Minni, FC 33/29 City/State and Zip Code
Minnidadein Vestigntond e gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Regnald Hope at 186 202-1445
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number 4/200064082 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 = Manager

MGRM = Managing Member Type of Action Title MGRM Chancelor Hope 2929 S.W. 3-d AYE

502

Minmi, FL 33/29 Add Remove Remove Remove Remove

	If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-	
	-	
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t	ed	June 17 20/3.
		Signature of a member or authorized representative of a member
		Registres Hope
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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