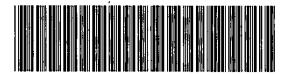
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TALLAHASSES EI OBIS

B. BOSTICK

JUL 2 4 2013

EXAMINER

COVER LETTER

TO: Registration Se Division of Co	ection • Porations		
SUBJECT:	Soury Mame of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
ener to	Placida Placid	Name of Person Person Per	11C 952 Com
For further information of	concerning this matter, please ca	all:	72E
_	Meedham of Person	at (AV) 268 — Area Code & Daytime Te	SECRETURE OF THE SECRET
Enclosed is a check for t		Deserve pitter p - a	Elect on Elli Elli
\$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	U\$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

Dova Deedhan	n Tile L	2
(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on May	14, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2f
(Principal office address MUST BE A STREET ADDR	ESS)	
)pr
		<u> </u>
Enter new mailing address, if applicable:		70 4 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		10. 10.
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		71 - 1 , , , , , ,
	Enter 1	Florida street address
	City	, Florida Zip Code
	Cuy	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
NGRM	William Rodriguez	2176 Basin Street	Add
		Port Charlotte, FC	Remove
		33952	
			Add
			Remove
			Add
			Remove
			Add
		<u> </u>	Remove
		ALLA ALLA A	والمتتنا
		Single Single Co	
			Remove
		***	-
 			Add
			Remove

amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessar
7	Wyzz, ZO13.
	The state of the s
	March 1100
•	Signature of a member or authorized representative of a member
	Dova Deedran
	Typed or printed name of signee
	Dog 2 of 2

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAFF