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J. BRYAN

NOV 28 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Darch Shop L.L. (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:
Joshu Cadyallacer Name of Person
The Dancin Dolphin Deach Shap 22. E
235 Gilt Beh. Dr. W.
St. George Island, FL 32328 City/State and Zip Code
E-mail address: (Note used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (\$50)-728-4664 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subset}\$} \text{\$\text{\$\subset\$0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\subset\$}\$} \text{\$\text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \$\text{\$\

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

Ol	F. C.
(Name of the Limited Liability Companion (A Plorida Limited Liability Companion)	were filed on
The Articles of Organization for this Limited Liability Company Florida document number	were filed on OS/22/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	2.2.C. New Ship name
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	235 Gulf Beh. Dr. W. St. Genge Island, FL 32328
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	235 Gulf Beh. Dr. W. St. George Island, FL 32328
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	un Cadwallader
New Registered Office Address: 235	Enter Florida street address
St. Ges	Sity Florida 32328 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

Page 1 of 3

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 MGRM = Managing Member **Type of Action** <u>Title</u> **Address** Marm. Joshua Cadralleder 235 Gulf Beach Drive West St. George Island, FL 32328 Remove Add Remove Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	11/28/12.
	A de
	Signature of a member or authorized representative of a member
	Joshua Cadrallater
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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