20001/0003 Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000141747 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020 Phone

: (813)435-3176

Fax Number : (813)333-6358

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please 3.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEY TEAM, LLC

| Certificate of Status | 0 |
|-----------------------|------------|
| Certified Copy | 0 |
| Page Count | ● 3 |
| Estimated Charge | \$25.00 |

B. BOSTICK

MAY 3 1 2012

Electronic Filing Menu

Corporate Filing Menu

Help EXAMINER

H120001417473

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DEY IEAR | VI, LLC | | |
|---|--|-------------------------|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | <u>/ as it now appears</u> ability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company was Florida document numberL12000071703 | | | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | | |
| TEAM DEY | , LLC | | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Company | ," the designation "LLC | or the abbreviation |
| Enter new principal offices address, if applicable: | | · | |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> | h |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office | an address on ou | HASSES. FLORIDA | 7. 25 The result of the result |
| registered agent and/or the new registered office address here: | | e records, enter the | name of the ne |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| · | City | 2 | Zip Code |
| New Peristand Agent's Signature if changing Peristand 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

MGR = Manager

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:

| <u> </u> | <u>Name</u> | Address | Type of Action |
|-------------|---|---|--|
| | *************************************** | | Add Remove |
| ····· | | | □ n |
| | | | Add Remove |
| | | | |
| | | | Add Remove |
| | | | Add Remove |
|). If amen | ding any other information | , enter change(s) here: (Attach additional s | theets, if necessary.) |
| - | | | 12 |
| _ | | | THE AT STATE OF THE STATE OF TH |
| Dated | 05/30 | | AH 7:25 JF STATE FEORIDA |
| | / N) | re of a member or authorized representative of a J. SPRADLIN AUTHORIZED REPRE Typed or printed name of signee | member |

Page 2 of 2

Filing Fee: \$25.00