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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

B. KOHR

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EXAMINER



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COVER LETTER #.

	Division of Co			•	
SUBJECT	Γ:	D	FIT LLC		
		Name of Limi	ted Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ondence concerning this matter	to the following:		ක
			Amy Dittami		12 SEA 16 PH 3: 86
			Name of Person		三點
			c/o Tremont Partners		- 19
	Firm/Company			بن بن	
		222 l	_akeview Ave Suite 1	630	86
			Address	•	
		Wes	t Palm Beach, FL 33	401	_
			City/State and Zip Code		
		E-mail address: (i	dittami@tremontllc.co	om port notification)	
For further	r information c	concerning this matter, please of	all:		
		my Dittami	at (_561)	670-2027	
	Name o	f Person	Area Code &	2 Daytime Telephone Number	er
Enclosed i	is a check for t	he following amount:			
	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifie	iling Fee, ate of Status & d Copy nal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registratio	f Corporations		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DFIT LLC		\$2.02.	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now apper orida Limited Liability Company)	ars on our records.)	P. San	
The Articles of Organization for this Limited Liabi		June 22, 2012	and assigned	
Florida document number <u>L1300003370</u>	<u>) </u>		1 3	
This amendment is submitted to amend the followi	ng:		ig '	
A. If amending name, enter the new name of the	e limited liability company he	ere:		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable	ρ•			
(Principal office address MUST BE A STREET A				
Trincipal office dualess MOST BEASTREET A	IDDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	X)			
			1.5	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the new	
registered agent and/or the new registered office	audress nere:			
Name of New Registered Agent:				
New Registered Office Address: Enter Florida street address				
	, Florida			
-	City	, Florida	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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Amy Dittami	222 Lakeview Ave Suite 1630 West Palm Beach, FL 33401	Add Remove
			Add Remove
D. If amen	ding any other information.	, enter change(s) here: (Attach additional sheets, if necessary.)	_
_			
	huly 42	2042	
Dated	July 13		
	Signatur	re of a member or authorized representative of a member	
		Amy Dittami	_
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00