Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations
	Fax Number : (850)517-6383
From:	
	Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOURNO, & BOSARTH, Account Number: 076077001702
	Phone : (407)841-1200 Fax Number : (407) 423-1831
*Enter th	
annua	e email address for this business entity to be used for futuffical report mailings. Enter only one email address please.** tracy.duda-chapman@duda.com Address:
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annua	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
annua	Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DGS FORT PAYNE, LLC
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Electronic Filing Menu

Corporate Filing Menu

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K. SALY EXAMINER

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12/04/2012 12:05 FAX 4074231831

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED 12 DEC -4 AMII: 46
SEUNETARY OF STATE ALLGIASSEE, FLORIDA

OGS FORT PAYNE, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed onAugust 1, 2012 and assigned Florida document numberL12000099271	d
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 abbre	viation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address M4Y I E A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	е печ
Name of New Fiegistered Agent:	
New Registered, Office Address:	
Enter Florida street address	
, Florida	—
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

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DEAN MEAD ORLANDO

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If amending the Managers or Managing Members on our records, enter the fitte, name, and address of each Manager or Managing Member being added or removed from our records:

	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Duda LC Properties, LLC	1200 Duda Trail Oviedo, FL 32765	Add Remove
MGR	Tracy Duda Chapman	1200 Duda Trail Ovledo, FL 32765	Add ✓ Remove
MGR	Palmer B. Weeks, Jr.	1200 Duda Trail Oviedo, FL 32765	Add Remove
MGR	Mark E. Engwall	1200 Duda Trail Oviedo, FL 32765	Add Remove
· · · · · · · · · · · · · · · · · · ·	<u>. </u>		AddRemove
			Add Remove
D, Ifan	nending any other information, enter ch	nange(s) here: (Attach additional sheets. if nec	cessary.)
	Article IV of the Articles of Organ	ization is hereby amended in its entire	ty to read
	as follows:		
	"Article IV	- Management	_
	The Company is to be a mem	ber managed company."	
		0040	
Dated _	November 27	2012 . The proper althorized representative of a member	
	· /	Chapman, Senior Vice President	
		yped or printed name of signee	
	 	Page 2 of 2	
		Filing Fee: \$25.00	

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