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Office Use Only



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2015 FEB 27 PM I2: 45

MAR 11 2015 J. BRUCE

COVER LETTER

TO: Registration Section Division of Corpora						
SUBJECT:	9806 Mg Name of Limi	He 54 ted Liability Company	rect, L	LC		
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.				
Please return all corresponder	nce concerning this matter	to the following:				
-	Connic	G. Lindsa Name of Person	ey			
-	9806 My	Firm/Company	et, LL			
-	9806 M	Address	treet			
	Tampa	City/State and Zip Code	3361.	<u>'2</u>	29	
<u> </u>	E-padil address: (t	o be used for future annual	report notification)			4
For further information conce Connie G.	rning this matter, please ca	at (<i>813</i>)	900 - 945	22 SSEE FL	B27 PM	
Name of Pers	son	Area Code	Daytime Telephon	ie Number	12:45	
Enclosed is a check for the fo	llowing amount:					
\$25.00 Filing Fee	1 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	closed)	60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is en	tus &	

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

9806	Murtle	Strong	F11	1	
(Name of the Limited I	iability Company as lorida Limited Liabili	it now appears on our r ty Company)	ecores.)		
The Articles of Organization for this Limited Liabi	lity Company were	filed on $8-4$	- 2012	_ and assig	ned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	D Prox	ries II	n-LLC" or the abl	oreviation "L.L	C."
Enter new principal offices address, if applicable	e:		<u>,3</u>	201	
(Principal office address MUST BE A STREET A	DDRESS)		5	<u> </u>	77
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.			37.3000	B 27 PH I2: L	
			.).	் ப	
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our re	cords, <u>enter th</u>	ne name of N	the new
Name of New Registered Agent:	Conni	è G. 4	ndsa		
New Registered Office Address:	10015	N. 9 Enter Florida street a	- 57 , 1 address		
_	Tany	Tity	_, Florida	336 / Zip Code	2

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
			□ Remove
			□ Remove
			Remove
			AD Add
			RY OF S SSEE FILE
·····			
			Remove
			□ Add
			□ Remove

		
Effective date, if other	than the date of filing:	(optional)
The effective date must be sp	than the date of filing: pecific, cannot be prior to date of receipt or filed date and cannot be red by the Florida Department of State)	(optional) nore than 90 days after
(The effective date must be specified the date this document is filed)	pecific, cannot be prior to date of receipt or filed date and cannot be r	(optional) nore than 90 days after
(The effective date must be sp	pecific, cannot be prior to date of receipt or filed date and cannot be r	(optional) nore than 90 days after
(The effective date must be space the date this document is fill	pecific, cannot be prior to date of receipt or filed date and cannot be r	nore than 90 days after

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Filing Fee: \$25.00

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