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SECRETARY OF STATE

J. BRYAN

AUG 2 0 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	rporations		•	
SUBJECT:	H. DAPONTE	PROPERTIES, LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
		MARIA DAPONTE		
		Name of Person		
	H. DAF	PONTE PROPERTIES, LLC		
		Firm/Company		
	31	31 PAWLEYS LOOP N		
		Address	T	
	SA	AINT CLOUD, FL 34769	製りて	
		City/State and Zip Code		1
	HDAF	PONTELLC@GMAIL.COM (to be used for future annual report notific)
For further information	concerning this matter, please	-	cation)	
	, , , , , , , , , , , , , , , , , , ,	•		
	RIA DAPONTE of Person	at (407) Area Code & Daytime	744-2724	
Name	or Person	Area Code & Daytime	e Tetepnone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerula Tallahassee, FL 323	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERTIES	LLC
<u>y as it now appe</u> ability Company	ars on our records.)
	AUGUST 1, 2012 and assigned
lity company h	ere:
ed Liability Com	pany," the designation "LLC" or the abbreviation
	Z 8 3 -
	LC AU
	5
ice address on :	our records, enter the name of the new
1	Enter Florida street address
City	, Florida Zip Code
City	Zip Code
i	y as it now appeability Company were filed on bity company h ed Liability Com ce address on:

If Changing Registered Agent, Signature of New 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 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MARIA G. DAPONTE	3131 PAWLEYS LOOP N	Add
		SAINT CLOUD, FL 34769	Remove
			Add Remove
			Remove
			Add
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	Add Remove
_			——— 雅·
Dated	Signature of a mer	mber of authorized representative of a member	
	, H	IERMANO DAPONTE	
	Tv	roed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00