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12 OCT -4 PH 4: 1/2

### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Dewelers & Bankors, LC  Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Greg Twarauski Name of Person					
Firm/Company					
P.O. Box 1148  Address					
Oneco F 34264  City/State and Zip Code					
E-mail address: (to be used for future Innual report notification)					
For further information concerning this matter, please call:					
Jennifer ferdico at (94) 351. 3344  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:  \$\begin{align*}\text{\$\text{\$\text{S}}} \text{\$\text{\$\text{\$\text{25}}}} \$\text{\$					
(additional copy is enclosed) Certified Copy (additional copy is enclosed)					

#### 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

FILED

12 OCT -4 PM 4: 112

SEGNE FARY OF STATE The Articles of Organization for this Limited Liability Company were filed on \_

Florida document number 11200111336 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 abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. Ifame	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessor	ary.)
-	Mahar H 2	2CV 7	FILED  12 OCT -4 PH 4: 1/2  SLUMIARY OF STATE  TALLAMASSEE, FLORIDA
Dated	Jennifer	neer or anthorized representative of a member	: 12 ATE

Page 2 of 2

Filing Fee: \$25.00