L12000120481

(Reque	estor's Name)			
(Addre	ss)			
(Addre	ss)	<u>.</u>		
(City/S	tate/Zip/Phone a	¥)		
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Name	e)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filin	ng Officer:			

Office Use Only



700239374887

SECRETARY OF STATE DIVISION OF CORPORATIONS

09/25/12--01001--019 **25.00



C. LEWIS

SEP 2 5 2012

EXAMINER

Advanced Incorporating Service, Inc.

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

The Descrit Regard, ClC
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 9/24/12 TIME 4:30
Notes:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 SEP 24 AM 9: 41

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ì

I he Desert Pearl, 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 on September 20, 2012 and assigned Florida document numberL12000120481
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Desert Pearl, LLC
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
, Florida
City 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u> Citle</u>	Name	Address	Type of Action
······································			Add Remove
- Patrick			Add Remove
			Add Remove
	•		Add Remove
			Add Remove
			Add Remove
. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			SECRET DIVISION C 2012 SEP
ated	September 24 . 20	12	P 24 AM 9: 41
	/ _{Wa}	or authorized representative of a member ayne H. Rassner or printed name of signee	£ 00000000000000000000000000000000000

Page 2 of 2

Filing Fee: \$25.00