12000160781

's Name)
Zip/Phone #)
WAIT MAIL
Entity Name)
Number)
Certificates of Status
Officer:

Office Use Only



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04/26/13--01037--026 **25.00

2013 LPR 26 PM 12: 41
SECRETARY OF STATE.

APR 2 9 2013

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DCH	OU-579.44		
		ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	T-00 2	- 44	
	JEHC 3	Name of Person	
	Dan J C	\ \ A = \ T "	
	Diamond Cu	Firm/Company	
	Gaylo Willow	s from Naive St	= U
		Address	5
	Nano les	PL 3469	
		City/State and Zip Code	2
	E-mail address: (to	be used for future annual report notificati	(.Com
For further information co	oncerning this matter, please ca	ill:	
JEHL BE	ALLIAN	at (237) 325 - 460	0 7
Name of	Person	Area Code & Daytime Te	elephone Number
			ARR SET
Enclosed is a check for th	e following amount:		25
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing-Fee, Certificate of Status &
		(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 OF

(Name of the Limited Lia	ability Company as it now s	annears on our records)		
(A Flo	orida Limited Liability Comp	oany)	2)		
The Articles of Organization for this Limited Liabi	ility Company were filed or	n 12/27/12		and assi	gned
Florida document number _L120016678	1				
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability_compar	ı <u>v here</u> :			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability (Company," the designat	ion "LLC		obreviation
Enter new principal offices address, if applicabl	le:		SEC	2013 £	
(Principal office address MUST BE A STREET A	ADDRESS)		<u> </u>	, 	No Suisets
			4153 11.25	<u> </u>	\$ ** ** ****
Enter new mailing address, if applicable:			OF SIV	P# 12:	1 t 1
(Mailing address MAY BE A POST OFFICE BO	<u></u>		57	<u>-</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address e address here:	s on our records, <u>en</u>	ter the	name of	the new
Name of New Registered Agent:	Dramond Cust	on Homes,	Tuc.		
New Registered Office Address:	6646 willow	Enter Florida stree	€ S t addres.	s te	4
-	Naples Cin	, Florid	a3	4109 Zip Code	
New Registered Agent's Signature, if changing Reg				•	

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.

Changing Registered Agent, Stonature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGZ	Michael S. Disamond	6646 willow PAR Deans	Add
		NAR 63, EL 34109	Remove
MbR	Jeffrey M. BENHA	Nylez, fr 3469	
mbr	DCH MANAGEMENT, LUC	ULYC willow Park Drive	Add
		Suite 4	Remove
		Nyles, fr 34109	_
			_ Add
			Remove
		A A A A A A A A A A A A A A A A A A A	R 26
			Remove Add Add Remove
		<u> </u>	Remove
			_
			Add
			Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
-	
- :d	April 23 2013
	14 3L
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00

2013 &PR 26 PM 12: 41