L130000118222

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>_</u>
(Cit	ry/State/Zip/Phone	#)
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
FEB 1 2 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

. DEGLER RETIREMENT HOLDINGS LLC

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:

JOHN P MILLER

Name of Person

JOHN P MILLER CPA PA.

Firm/Company

2499 GLADES RD STE 304

Address

BOCA RATON, FL 33431

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN P MILLER

at (561) 368-9777

Name of Person

Area Code & Daytime Telephone 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)

□\$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATION:

2013 FEB | | AM | |: 46

L DEGLER RETIREM	ENT HOLDINGS LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/23/2013	and assigned
Florida document number L13000011822		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	3523 NW 4TH AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33431`	
Enter new mailing address, if applicable:	3523 NW 4TH AVENUE	
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33431	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> : Enter Florida street d	nddress
	, Florida,	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:

SECRETARY OF STATE.

DIVISION OF CORPORATION:

MGR = Manager MGRM = Managing Member 2813 FEB | | AM | 1: 46 **Title** Name 1 <u>Address</u> **Type of Action** 717 17TH STREET MGR PENSCO TRUST COMPANY FBO L DEGLER IRA **SUITE 2200 DENVER CO 80202-3331 US** LORI DEGLER 3523 NW 4TH AVENUE MGR **BOCA RATON FL 33431 US** 717 17TH STREET **MBR** PENSCO TRUST COMPANY FBO L DEGLER IRA **SUITE 2200 DENVER CO 80202-3331 US** Add Remove Remove Remove

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SECRETARY OF STATE DIVISION OF CURPORATION
	2013 FEB AM : 46
Dated	FEBRUARY 5TH 2013
	Signature of a member or authorized representative of a member
	JOHN P MILLER, AUTHORIZED REPRESENTATIVE Typed or printed name of signee
	· · ·

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Filing Fee: \$25.00