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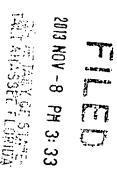
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## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DSL456, 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:

Craig W. Little, Esq

Name of Person

Law Office of Craig W. Little, P.A.

Firm/Company

4711 14th Street N

Address

St Petersburg, Florida 33703

City/State and Zip Code

CraigL@CraigLittleLaw.com

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

For further information concerning this matter, please call:

Craig Little

Name of Person

,727,**735-8824** 

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

DSL456, LLC				
(Name of the Limited Liability (A Florida I	Company as it now appears on our Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability C	Company were filed on 3-12-2013	a	nd ass	igned
Florida document number L13000037404	··			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the d	esignation "LLC"	or the a	bbreviation
Lib.C.		P	25	
Enter new principal offices address, if applicable:			2013	
(Principal office address MUST BE A STREET ADDR	RESS)	# A	KOY	9 1
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Enter new mailing address, if applicable:		دری شیسا زیر فع	P	1 1
(Mailing address MAY BE A POST OFFICE BOX)			<u>ယ</u> ယ	*****
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B. If amending the registered agent and/or regist registered agent and/or the new registered office add		rds, <u>enter the na</u>	ame o	f the nev
	<u> </u>			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	la street address		
	,	Florida		
	City	Zij	o 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	David Legault	439 Bluffview Drive	<b>✓</b> Add
		Belleair Bluffs, FL 3377	70 Remove
			Add
			Remove
		<del> </del>	Add
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			Add
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			Remove

'D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	·
Dat	ed November 4 2013
	A. D.
	Signature of a member or authorized representative of a member
	Craig Little) Esq., authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

