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SECRETARY OF STATE OIVISION OF COMPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	·a	
SUBJECT: D.am	and Place LL	<u> </u>
	Name of Limited Liability Company	
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to the following:	
	Name of Person	
	Firm/Company	
442	Dulsten no	ad
•	Address	_
<u>O</u>	City/State and Zip Cod	<u>33331</u>
Kell	City/State and Zip Cod Letter Code used for future annu-	4 flort da- com
For further information concerning thi	s matter, please call:	
Kelly	at (95 4)	389 9483
, Name of Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following	amount:	
	Filing Fee & \$\square\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$ \$Certified Copy (additional copy)	Certificate of Status &
MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Registr Cliftor 2661 E	EET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D'a mond	Place	LLC		
(<u>Name of the Limited</u> (A	Liability Company Florida Limited Lia	y as it now appears on o ability Company)	ur records.)	
The Articles of Organization for this Limited LiFlorida document number 43000113		vere filed on $8 \frac{1}{8}$	2/2013 a	nd assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabil	ity company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	d Liability Company," th	ne designation "LLC" (or the abbreviation
Enter new principal offices address, if applic	able:			_
(Principal office address MUST BE A STREE	T ADDRESS)			13 S
				ECRE
				TAR OF (
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)		ŗ	9 35 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	<u>_</u>		£	7 25
B. If amending the registered agent and/or the new registered of	or registered offi fice address here:	ce address on our re	ecords, <u>enter the na</u>	ame of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flo	orida street address	_
			, Florida	
		City		Code 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 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

Title Name **Type of Action** Address Morm Kelly Bookstein 16504 D'amond PL Remove SEARCE TARRETOVE $\ddot{\sim}$ Remove Remove Add Remove

D. It an	iending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
:	
N-4- J	9/3/7/13-
Dated	
	Signature of a member or authorized representative of a member
	- Mark Balsten tely Boxistem
	Typed or printed name of signee
	Page 3 of 3

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