Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DH CAMELOT LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DH CAMELOT LLC		
(Name of the Limited Liability Company (A. Plonda Limited) set	st (t now appears on our retords.) hity Conpany)	
The Articles of Organization for this Limited Liability Company we	are filed on 10/14/2013	and assigned
Florida document number 1.13000144864		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the Umited liabilit	у сотрану ћеге:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abuse	dition "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	NSSE TO SECUL	2 M 2 D
Enter new mailing address, if applicable:		بب .
(Malling aiddress MAY BE A POST OFFICE BOX)	<u>ම</u> ා	<u></u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e sildress on our records, <u>citter th</u>	name of the o
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
- · · · · · · · · · · · · · · · · ·		Ziji Code

New Replatered Agent's Signature, if changing Registered Agent

Thereby accept the appointment as registered agent and agree to act in this espacity. I further agree to comply with a 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

of Changing Registered Agent, Signature of New Registered Agent

If sinending Authorized Person(s) authorized to manage, coter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Benjamin Brafman	8301 W McNob Rd, Temerec; Florids 33321	
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MGR	Designation Hope, Inc.	For: Lauderdale, Florida 33312	AN T
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Note: If the date is document seffecti	iseried in this blo	ck does not m	ect the applica	ble statutory ti	ing requiremen	ats, this date w	ill not be listed
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Page 3 of 3

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