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SECRETARY OF STATE
TALL ANASSES FOR ORION

MAR 17 2013 T. HAMPTON

COVER LETTER

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

D (J Appea)	Liuc
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LIGOOD 265</u>	
This amendment is submitted to amend the following:	To B
A. If amending name, enter the new name of the limit	ted liability company here:
DIT Apparals	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2445 NW 554h Ter.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 826841 Pembroke Pine, FL
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new
Name of New Registered Agent:	may the Business Inc
New Registered Office Address:	Enter Florida street address City 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Man AMBR = Aut	nager horized Member		
Title HGR	Ashley Pearson	Address P. D. BOX 826871 Pembroke Pref	Type of Action Add Remove
		33082	<u> </u>
			Add
			Remove
			Add
		SECRE IARY TALLAHASSE	∰Remove
		COF STATE CRIDA	ညာAdd ပြု ယူ ပြု Esemove
			Add
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			□ Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective The effective the date thi	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated <u></u>	3-5-9014 051010, D
	Signature of a member or authorized representative of a member
	Ashlen Poarson.
	Typed or printed name of signee

Page 3 of 3

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