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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: DAQRIC HOMES Name of Limited Liability	
The end	closed Articles of Amendment and fee(s) are submitted for	filing.
Please	return all correspondence concerning this matter to the following	owing:
	RICHARD	CHAMPION ne of Person
	DAQRIC HE) WES LCC n/Company
	4493 WO	ODBRIDGE RD.
	PW CHAMP 1 E-mail address: (to be used for	FURIDA 32578 se and Zip Code ON 497 @ CNAIC. COM or future annual report notification)
For fur	ther information concerning this matter, please call:	
P	ICHARD CHAMPIW at	(FS) 389-8162 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
D \$25	Certificate of Status Cer	.00 Filing Fee &

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

DAUXIC HOMES		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>U40000 90415</u> .	were filed on JUNE	5 ZO14 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liak	oility company here:	
DAQRIC LEASING LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 5 × 5
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		THE
(Mailing address MAY BE A POST OFFICE BOX)		ORT 2
		P
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ecords, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	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, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	authorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
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Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date	e date must be spe in this block do	cific and e	cannot be p eet the app	olicable sta	f filing or mo tutory filing	re than 90 day	(optiona ys after filints, this da	ig.) Pursuant	to 605,0207 of listed as t
the record specifies a The 90th day after			ate, but	not an e	ffective ti	me, at 12	:01 a.m	on the	earlier of:
Dated ZIFEB	\ (x)/	7/	201	<u>B</u> .					
- pa	Signat	ure of a m	nember or a	uthorized re	presentative (of a member		<u></u>	
R	CHARD	(V)	1 P P V	,				

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Filing Fee: \$25.00