(Re	equestor's Name)	
(Ac	ddress)	
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Y SULKER

COVER LETTER

TO: Registration S Division of Co	Section , orporations		
	n N Country LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	•
Please return all corresp	oondence concerning this matter	to the following:	
	Daniel Langelier		•
	And the second s	Name of Person	
		Firm/Company	
	8607 Flowing Brook Ct		
		Address	
	Tampa, FL 33635		
	daniel.langelier@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Daniel Langelier		at () 842-1197 Area Code Daytime	
Name	of Person	Area Code Daytime	e 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



RECEIVED

15 JUL 27 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 2, 2015

DANIEL LANGELIER 8607 FLOWING BROOK CT TAMPA, FL 33635 US

SUBJECT: 5119 TOWN N COUNTRY LLC

Ref. Number: L14000141617

We have received your document for 5119 TOWN N COUNTRY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 915A00013962

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5119 Town N Country LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/10/2014}{1}$ _____ and assigned Florida document number L140001411617 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DL-ML Investments LLC The new name must be distinguishable and contain the words "Limited 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

(W)

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

MGR = Manager AMBR = Authorized Member <u>Address</u> **Type of Action** Title <u>Name</u> _□ Add _□ Remove _□ Change _ Add _□ Remove _□ Change □ Add _□ Remove Change Remoxe Cha _ Add _□ Remove _□ Change _□ Add

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ective date, if other than the date of filing: Cective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) days after filing.) ents, this date v	Pursuant to vill not be	60 300 0 liste d a
cord specifies a delayed effective date, but not an effective time, at 1 90th day after the record is filed.	12:01 a.m. o	n the ea	rlier
June 29			
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Page 3 of 3

Filing Fee: \$25.00