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TALLAHASSEE, FLORIDA

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APR 21 2015

R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dunlawton Yorktowne Unit 5.1, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul F. Holub, Jr.
Name of Person

Dunlawton Yorktowne Unit 5.1, LLC
Firm/Company

1185 W. Granada Blvd., Suite 12
Address

Orlando Beach, FL 32174
City/State and Zip Code

gina.whdc@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul F. Holub, Jr. at (384) 677-7617
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

Dunlawton Yorktowne Unit 5.1, LLC

ds.) COUNTY OF STATE
TALLAHASSEE, FLORIDA

1185 W. Granada Blvd

Suite 12

Ormond Beach, FL 32174

, FloridaCin⁹

Zip Code

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

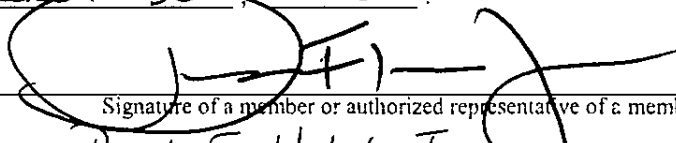
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 30, 2015



Signature of a member or authorized representative of a member

Paul F. Holub, Jr.

Typed or printed name of signee