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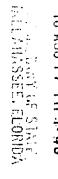
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WWW.RALAW.COM

August 15, 2016

### **BY FEDERAL EXPRESS - PRIORITY OVERNIGHT**

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: DLA Management IL, LLC

DLA Management FL, LLC

Dear Sir or Madam:

Enclosed for filing are **duplicate executed** Articles of Amendment of DLA Management IL, LLC <u>and</u> DLA Management FL, LLC (the "Articles"), along with the required Cover Letter for each filing and a check for each filing fee in the amount of \$25.

Please file an original of each document, <u>date-stamp</u> each **remaining original** with the file date and return the date-stamped originals to me in the enclosed Federal Express envelope. The shipping label has already been completed to ensure that charges will be billed to our account.

Please call me if you have any questions or require further information.

Very truly yours,

ROETZEL & ANDRESS, LPA

Priscilla M. Drago, J.D. Corporate Paralegal

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDI	ECT.	DLA Mai	nagement IL, LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
			Priscilla M. Dragoi	
			Name of Person	
			Roetzel & Andress	
			Firm/Company	<del></del>
			20 S. Clark St., Ste. 300	
			Address	
			Chicago, IL 60603	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For fu	orther information of	concerning this matter, please ca	all:	
Priscilla M. Dragoi		at ()	582-1621	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclo	sed is a check for t	he following amount:		
<b>■</b> \$2	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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	Management IL, LLC				
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appear Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on	May 24, 2016	8	and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :			
					<u>-</u> .
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the de	esignation "LLC" or the	abbrevia	tion "L.	L.C."
Enter new principal offices address, if applicable:	924 Boulevard o	f the Arts, #12			
Principal office address MUST BE A STREET ADDRI	ESS) Sarasota, FL 342	236			
			=	On:	
Enter new mailing address, if applicable:	924 Boulevard o	f the Arts, #12	SSAM	NUG 17	. ,
Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 342	236	m.	Ş	* **:/**
			S IIVE	5.1:	1
B. If amending the registered agent and/or registered agent and/or the new registered office address.		our records, ente			of the
Name of New Registered Agent:		<del></del>			
New Registered Office Address: 924 Box	ulevard of the Arts, #12				
	Enter Flori	da street address			
·	Sarasota	, Florida _		1236	
				Code	

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Debra L. Ahmari	924 Boulevard of the Arts, #12	<b>=</b> Add
		Sarasota, FL 34236	□ Remove
•			Change
AMBR	Debra L. Ahmari	942 Boulevard of the Arts, #12	Add
		Sarasota, FL 34236	■ Remove
			Change
			Add
			□ Remove
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n effect i <b>te:</b> If	e date, if other than ive date is listed, the date the date inserted in the t's effective date on t	e must be specifi iis block does t	c and cannot b not meet the	applicable st	of filing or mor atutory filing	e than 90 days aft	ti <b>onal)</b> er filing.) Pursu iis date will no	ant to 605.020 of be listed a
	rd specifies a del Oth day after the			ut not an	effective tir	ne, at 12:01	a.m. on th	e earlier o
ted	AUGUST			016				
		Signature	of a member of	a. 16	epresentative of	a member		

Page 3 of 3

Filing Fee: \$25.00