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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DKS MINE 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:
JANE SHIN
Name of Person DKS MINE, LLC TO BE CHANGE Firm/Company DKS SITE, LL
5201 SOUTH WESTSHORE BLVD
TAMPA, FL 33611 City/State and Zip Code Shing a KSmine Com E-mail address: (to be based for future annual report notification)
For further information concerning this matter, please call:
TANE SHIN at (813) 808 · 0330 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$525.00 Filing Fee \$\sum_{\text{S25.00}} \text{S30.00 Filing Fee & \sum_{\text{Certificate of Status}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{(additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \sum_{\text{(additional copy is enclosed)}} \sum_{(additional copy is e

MAILING ADDRESS:

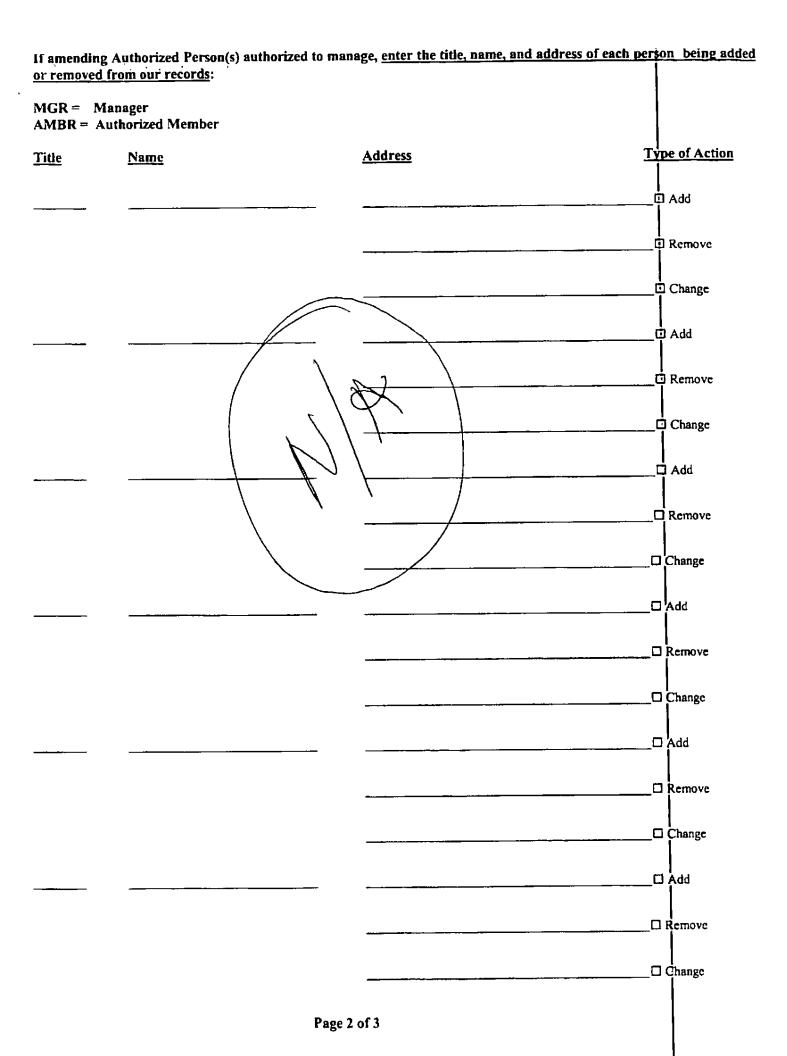
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

DKS MINE.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	0/05/07
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
DKS SITE	LLC.
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
	NR 17
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.	
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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and voided for in Chapter 605, F.S. Or, if this document is
If Change	ing Registered Agent, Signature of New Registered Agent
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