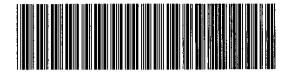
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ZOII JUN 20 樹泉 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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T. CLINE
JUN 2 1 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Diagrand Head Burch Researt, LC 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:		
Manica Flowers Crews Name of Person Sur Stream, N.C. Firm/Company		
6231 Estera Boutevared		
Tert Mytes Deach, 'FC 33531 Qity/State and Zip Code Monicaf Q Sinstream Com E-mail address: (to be used for future annual report notification)	2011 JUN 20 SECRETAR) TALLAHASS	and the state of t
For further information concerning this matter, please call:	<u> </u>	Election Show
Name of Person at (239) 765-4111 Name of Person Area Code & Daytime Telephone Number	OF STATE	**************************************
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\times \text{S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status &	
MAILING ADDRESS: STREET/COURIER ADDRESS:		

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

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

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

(Name of the Limited	Liability Company as it nov A Florida Limited Liability Co	v appears on our records.)		
The Articles of Organization for this Limited L		on 01-25-1999	and assign	ned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability comp	any here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability	y Company," the designation	"LLC" or the abb	 previation
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		201 SE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			JUN 20 MA LA OF STATE ANASSEE FLORIDA	
B. If amending the registered agent and/or the new registered of	-	ss on our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	ANNE (DANNON		
New Registered Office Address:	6231 Es	Enter Florida street ac	ddress	
	City	Florida_	33931 Zip Code	
New Registered Agent's Signature, if changing I	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Remove
			Add Remove
			Add Remove
			Add Add Rem ove
			Aced Aced Aced Aced Aced Aced Aced Aced
D. If ameno	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	
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_		<u> </u>	
			-
Dated	6-14-11		
		or authorized representative of a member . LAW FN E d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00