L04000024062

| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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10 DEC -7 PH 12: 49

T. HAMPTON
DEG - 8 2010
EXAMINER

COVER LETTER

| TO: | Registration Se Division of Con | | | | | |
|-----------------|---|---|--|-------|--|--|
| SUBJE | CT: | DVZ H | Holdings, LLC | | | |
| JOBGE | .e.r | | ited Liability Company | | | |
| | | Amendment and fee(s) are sul | | | | |
| | | | Scott Rosen, Esquire | | | |
| | | | Name of Person | | | |
| | Scott Rosen, P.A. | | | | | |
| | Firm/Company | | | | | |
| | 150 S. Pine Island Road, Suite 417 | | | | | |
| | Address | | | | | |
| | Plantation, FL 33324 City/State and Zip Code | | | | | |
| | | sro | osenlaw@bellsouth.net | | | |
| | | E-mail address: (| (to be used for future annual report notification) | | | |
| For fur | ther information of | concerning this matter, please of | call: | | | |
| | | tt Rosen, Esq. | at (954) 915-0510 Area Code & Daytime Telephone Number | | | |
| | | he following amount: | · · · · · · · · · · · · · · · · · · · | | | |
| ₹] \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | osed) | | |
| | Regist Division P.O. B | ING ADDRESS: ration Section on of Corporations tox 6327 assee, 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 SECRETARY OF STATE OF ORPORATIONS **OF**

10 DEC -7 PH 10: 40

| | | ind process | 1116.40 | |
|---|------------------------------|----------------------|--------------------------|--|
| DVZ Holding | ıs, LLC | | | |
| (Name of the Limited Liability Company) (A Florida Limited Liab | as it now appears o | on our records.) | | |
| (A Florida Ellinicu Elao | inty Company) | | | |
| The Articles of Organization for this Limited Liability Company we | ere filed on | 3/30/04 | and assigned | |
| Florida document number L0400024062 | | | | |
| | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabilit | y company here: | | | |
| DVZ Holdings of Fl | orida, LLC | | | |
| The new name must be distinguishable and end with the words "Limited "L.L.C." | Liability Company | ," the designation " | LLC" or the abbreviation | |
| 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 name of the new | |
| 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 | , 1 101104 | Zip Code | |
| 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 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 = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** Name **Address** MGRM Marc Zergebel 56 Harbour Drive ☐ Add Bluepoint, NY 11715 √ Remove Nicole Zergebel MGRM 618 Green Lane ☐ Add Remove Philadelphia PA 19128 Add [Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ DELEMBEL Signature of a member of authorized representative of a member Donald Zergebel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00