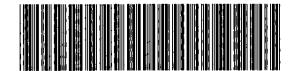
105000109267

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



200215462862

200215462862 12/27/11--01038--026 **60.00

SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CCT:	DYL Develo	pment Group, LLC		
		Name of Limi	ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			John Yanopoulos		
			Name of Person		
			Y Group	<u> </u>	
			Firm/Company		
		1	221 Brickell Ave #660		201 SI
			Address		E A
			Miami, FL 33131		2011 DEC 27 SECRETARY
			City/State and Zip Code		FF OF PE
		john.y	anopoulos@y-group.com to be used for future annual report notif	ication)	F ST
For fun	ther information	concerning this matter, please of	•	, out on the second	C 27 AM 8: 21 TARY OF STATE ASSEE, FLORIDA
		Dale Reed	at (305)	769.3777	
		of Person	Area Code & Daytim	e Telephone Number	
Enclose	ed is a check for t	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certified (of Status &
		ING ADDRESS:	STREET/COURI		

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

DYL Developm	ent Group, Ll	<u>_C</u>		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compan Florida document number	ny were filed on	11.07.2005	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :		
Y Grou				<u>.</u>
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Comp	any," the designation '	'LLC" or the abbr	eviation
Enter new principal offices address, if applicable:	NA		7/20	
(Principal office address MUST BE A STREET ADDRESS)				
			DEC 2	
			SE T	
Enter new mailing address, if applicable:	NA		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			8 21 STATE FLORID	
			FIE N	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>enter</u>	the name of the	he new
Name of New Registered Agent:			 .	
New Registered Office Address:	Ei	nter Florida street ad	dress	
		, Florida		
	City		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>itle</u>	Name	Address	Type of Action
		M/A	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		·	Add Remove
If amen	eding any other information, enter change	e(s) here: (Attach additional sheets, if necessary	DEC 27
_			AM 8: 21
nted	1	or authorized representative of a member onn Yanopoulos or printed name of signee Page 2 of 2	

Filing Fee: \$25.00