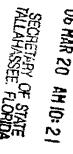
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone fi)
☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NAMING OF OFFICERS to 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:
ANTONIO Bello SSA 20 1
ANTONIO Bello (Name of Person) DIRECTPLUS, LLC (Firm/Company)
(Firm/Company)
800 DOUGLAS ROAD 11H PLOOP
(Address) CORAL GABLES, Fl. 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
ANTONIO Bello at 305, 406.1847 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

	DIRECTPLUS, LLC				
 ,	(Present Name) (A Florida Limited Liability Company)				
FIRST:	The Articles of Organization were filed on $\frac{1-9-2006}{40000003190}$ and assigned document number $\frac{1-900003190}{400000000000000000000000000000000000$				
SECOND:	This amendment is submitted to amend the following:				
	NAMING OF OFFICERS!	96			
	PRESIDENT: ANTONIO BELLO	FILED Mar 20 A			
	——————————————————————————————————————	물			
	HOME ADDRESS: 521 SAN ANTONIO AVE CORTE	PABles			
	Sceretary & TREASURER: ALBERTO PEREZ.	11 (2)			
	HOME ADDRESS: 323 MALAGA AVE. CORALGAB	ks, FL 3134			
Dated	MARCH 17., 2006.	<i>,,,</i> ,,,			
	Signature of a member or authorized representative of a member				
	AN-low of Be/o Typed or printed name of signee				

Filing Fee: \$25.00