L09000025091

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	<i>⇒</i> #)		
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TAIL AMASSEE FLORIDA

M9 APR 24 MIII: I

C. LEWIS

APR - 9 2009

EXAMINER

COVER LETTER

TO; Registration So Division of Co	rporations ,
SUBJECT:	D&L International, LLC.
	(Name of Limited Liability Company)
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspondent	ondence concerning this matter to the following:
	Luisa Viviani
	D&L International, LLC.
	(Firm/Company)
	1500 South Ocean Drive, Suite 43
	(Address)
	Hollywood, FL 33019 (City/State and Zip Code)
	(City/State and Zip Code)
For further information of	concerning this matter, please call:
Luisa	of Person) at (954) 636 - 2393 (Area Code & Daytime Telephone Number)
(Name	of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for t	he following amount:
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2009

LUISA VIVIANI D&L INTERNATIONAL, LLC 1850 S. OCEAN DR., STE. 4310 HALLANDALE BEACH, FL 33009

SUBJECT: D & L INTERNATIONAL, LLC

Ref. Number: L09000025091

We have received your document for D & L INTERNATIONAL, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00011975

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2089 APR 24 AM II: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Zip Code)

DYL International LL				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>LO90000 25091</u> .	March 13, 2009 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compan	y here:			
The new name must be distinguishable and end with the words "Limited Liability C"L.L.C."				
	. International, LLC.			
	1 South Ocean Drive, Suite 43 1 wood, FL 33019			
(Mailing address MAY BE A POST OFFICE BOX) 1503	International, LLC. South Ocean Drive, Suite 4 I ywood, FL 33019			
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new			
	iani -			
New Registered Office Address: 1500 South	Ocean Drive, Built 4 J (Enter Florida street address)			
Hollywood	, Florida 33019			

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. Thereby confirm that the limited liability company has been notified in writing of this change.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

× • 5

MGR•= Manager

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>:

MGRM = Ma	inaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Didier Ganin	1500 South Ocean Drive	Add Remove
			Add Remove
	·····		Add Remove
			Add Remove
 .	·		Add Remove
			Add Remove
D. If amendi	ng any other information, enter char	nge(s) here: (Attach additional sheets, if necesso	ary.)
_			<u></u>
Dated	· · · · · · · · · · · · · · · · · · ·		209 APR 24 APR SECRETARY OF
-	Signature of a member LU/SC	er or authorized representative of a member a Viviani ed or printed name of signee	ED STATE

Page 2 of 2

Filing Fee: \$25.00