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SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Corporations					
SUBJECT:	JC	DLIA, LLC			
	Name of Limi	ted Liability Company	- Mile Syre		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	R	ichard P. Breger, Esq.			
	Name of Person				
	Richard P. Breger, P.A.				
	Firm/Company				
	20801 Biscayne Boulevard, Suite 308				
	Address				
		Aventura, FL 33180			
		City/State and Zip Code			
	Richard	d@empiretitleservices.	com		
	E-mail address: (to be used for future annual repor	t notification)		
For further information of	concerning this matter, please of	call:			
Richard	d P. Breger, Esq.	at (305)	945-7527		
	of Person		Paytime Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC	DLIA, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appea	rs on our records.)	· · ·
(/11 lolida E.i.i	mica Elabinty Company)		
The Articles of Organization for this Limited Liability Con	npany were filed on	02/28/2012	and assigned
Florida document number L12000028305			
	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		1
			AR S TI
			2SS 200 − 1
Enter new mailing address, if applicable:			Mo > in
(Mailing address MAY BE A POST OFFICE BOX)			F S
			ORI #
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	 		
	Ei	nter Florida street ac	idress
		, 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

ı

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SLAVOV, PLAMEN	9323 S. Madison Street Burr Ridge, IL 60527 USA	Add Remove
MGRM_	STEFANOVA, NELI	9323 S. Madison Street Burr Ridge, IL 60527_USA	Add ✓ Remove
			Add Remove
D. If amen	ding any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)	_
_			
	August 14	2012	_
Dated	August 14	_,	
	Clamation		
	Signature of		
	RICHARD P. Bre	eger, Esq., as Authorized Agent for JOLIA, LLC	

Page 2 of 2

Filing Fee: \$25.00