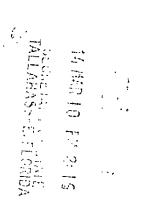
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J. Shivers MAR 1 1 2006

COVER LETTER

TO: Registration Section Division of Corpo	
SUBJECT: DHLT	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Eric Gros-Dubois, Esq.
	Name of Person
	EPGD Attorneys at Law, P.A.
	Firm/Company
	2701 Ponce de Leon Blvd #202
	Address
	Coral Gables, FL 33134
	City/State and Zip Code
	eric@epgdlaw.com
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Eric Gros-D	Oubois, Esqat (786) 8376787
Name of P	Person . Area Code Daytime Telephone Number
Enclosed is a check for the	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) 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

DHLTI, LLC		
· (Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number L13000112536		
Florida document number	······································	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
		25% /3 6- 20
	 .	9/4 15
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
		2024 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1>
B. If amending the registered agent and/or		records, enter the name of the new
registered agent and/or the new registered office	ce audress nere;	
Name of New Registered Agent:		
New Registered Office Address:		
ivew Registered Office Address.	Enter Florida str	eet address
		, 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 605, 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

It amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Title** Name | **Address** 5709 Mandan St. MGR DH GLOBAL INVESTMENTS LLC **■** Add Zephyrhills, FL 33542 Remove 5709 Mandan St. MGR DH GLOBAL ENTERPRISES, LLC Zephyrhills, FL 33542 Remove ☐ Remove

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ffective date must be speci	nan the date of filing: ific, cannot be prior to date of receipt or filed date and cannot be more than 90 by the Florida Department of State)	(optional) 0 days after
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date this document is filed b	ific, cannot be prior to date of receipt or filed date and cannot be more than 9 by the Florida Department of State)	
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Page 3 of 3

Filing Fee: \$25.00