L02000031394

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Otty/Otate/Zip/) Horie wy				
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EXAMINER



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08/26/09--01018--007 **25.00

SECRETARY OF STATE

COVER LETTER

Division of Co			
SUBJECT:	DE	ELGJ, LLC	
		ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
	Pa	ul G. Schlichte, Esquire	4
		Name of Person	<u>, </u>
	Ra	y A. Schlichte, Jr., P.A. Firm/Company	<u>.</u>
	04		
	21:	34 Hollywood Bouevard Address	1
	ŀ	Hollywood, FL 33020	
	E-mail address: (to be used for future annual report	notification)
For further information	concerning this matter, please of	call:	
	ul G. Schlichte	at (_954_)	923-4604
Name	of Person	Area Code & D	aytime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/CO	DURIER ADDRESS:

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

DELG	J, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now api	pears on our records.)	
(A Florida Ellilited t	ыаоппу соправ	iy)	
The Articles of Organization for this Limited Liability Company	were filed on _	November 22, 2002	and assigned
Florida document numberL02000031384			
This amendment is submitted to amend the following:			,
A. If amending name, enter the new name of the limited liab	oility company	here:	
The new name must be distinguishable and end with the words "Lim. "L.L.C."	ited Liability Cor	mpany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			`
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		n our records, <u>enter the</u>	name of the new
registered agent and/or the new registered office address her	<u>e:</u>		
Name of New Registered Agent:			AF G
New Registered Office Address:		<u> </u>	E S T
		Enter Florida street addre	27 27
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· }		34 - S IAI S RAI
			6 ™ ⊙

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Helen Goldberg	2905 Pointe East Drive Aventura, FL 11160	☐ Add ☑ Remove
MGR	Marco Salvino, Sr.	800 S. Federal Hwy Hollywood, FL 33020	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
	·	<u> </u>	Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessa	rry.)
Dated	August ,	2009 1 1	9 AUG 27 SECRETAR
		nember or authorized representative of a member Gregory Vitale, Manager	27 PH 31
	— / l	Typed or printed name of signee	0 - 10 A

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Filing Fee: \$25.00