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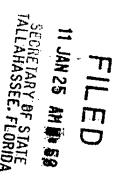
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D. BRUCE

JAN 26 2011

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	D & V INV	ESTMENTS, LLC.			
SUBJECT.		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	ubmitted for filing.			
Please return all correspo	ndence concerning this matte	er to the following:			
	FR	FREDERIC BARTHE, ESQ. Name of Person			
		Name of Person			
	Firm/Company			-	
	1 E. BROWARD BLVD. STE 700			A SE	
		Address		LARE LAR	T
	FOR	FORT LAUDERDALE, FL 33301			Pierre Notice
	CAAC	City/State and Zip Code		mg ≥ r	Ŋ
		B@BARTHE-LEIGH.COI (to be used for future annual report		STA C	J
For further information co	oncerning this matter, please	call:		ADA SO	
	ERIC BARTHE	at (954)	523-5555		
Name of	f Person	Area Code & Da	aytime Telephone Numbe	er	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certifie	ate of Status &)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of Co Clifton Buildi	orporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D	& V INVESTMENTS, LLC	2 .			
(Name of the Limite	<mark>d Liability Company as it now appea</mark> A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited l	09/10/2003	and assigned			
Florida document number L0300003	4306				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :			
D & V	INVESTMENTS OF BOCA, L	LC.			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation	"Pre" or the abbreviation		
L.E.C.					
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE		SER SE III			
			—————————————————————————————————————		
			22 6 0		
Enter new mailing address, if applicable:			Dm 60		
(Mailing address MAY BE A POST OFFICE	<u> </u>				
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>ente</u>	r the name of the new		
registered agent and/or the new registered t	onice address here.				
Name of New Registered Agent:	REDERIC BARTHE PA				
New Registered Office Address:	1 E, BROWARD BLVD., S	TE 700			
	En	nter Florida street a	ddress		
	FORT LAUDERDALE	, Florida _	33301		
	City		Zip Code		
	TD 11 3 4 1				

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.

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Address Title Name Francis Degroof MGR 248 E. Boca Raton Road ☐ Add Boca Raton FL 33432 ✓ Remove Fabienne Van Rymenant MGR 248 E. Boca Raton Road ☐ Add √ Remove Boca Raton, FL 33432 MGR DV MANAGEMENT LLC. c/o Frederic Barthe PA ✓ Add 1 E. Broward Blvd., Ste 700 ☐ Remove Fort Lauderdale, FL 33301. \bigcap Add Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Frederic M. Barthe, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00