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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696



Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DFS INTERNATIONAL, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DFS INTERNATIONAL, LLC (Name of the Limited Liability Company as it now appears on pur records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____09/18/2003 _____ and assigned Florida document number L03000035446

This amendment is submitted to amend the following:

A. If amonding name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new mailing address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable:	

(Mulling address MAY BE A POST OFFICE BOX)

B. If smeading the registered agent and/or registered office address on our records, enter the same of the new registered agent and/or the new registered office address here:

Nume of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	
· -	, Florida City Zip Code	

New Registered Azent's Signature, if charging 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

Page 1 of 2

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If amonding 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:

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i.

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Perchik, Ellas	2999 NE 191ST STREET PH-8 aventura, florida 33180	- Add 7 Remove
MGR	Perchik, Elias	304 INDIAN TRACE	2 Add Remove
			Add Remove
			Add Remove
			Add Remove
			Romove

D. If amending any other information, enter change(s) here: (Attach additional slicets, if necessary.)

-	
-	
 Dated	June 18th 2012.
	Signature of a member or ou horized representative of a member
	ELIAS PERCHIK, MANAGER
	Page 2 of 2
	Filing Fee: \$25.00

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