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SECRETARY OF STATE

APPROVED AND FILED

D. BRUCE

AUG 0 9 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Di-GA Investments , LLC	f
SCDSE	Name of Limited Liability Company	·
İ		r
		ų.
The en	closed Articles of Amendment and fee(s) are submitted for filing.	t
Please	return all correspondence concerning this matter to the following:	
	Roberta Gonzalez Name of Person	
	Gonzalez & Partners CPAS, LCC Firm/Company	
	Firm/Company	
	2199 Ponce De Leon Blvd. Ste 200	aunt.
	Address	≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥
	Coral Gables, F1 33134. City/State and Zip Code rgonzaleza rgcpa net E-mail address: (to be used for future annual report notification)	FILED AUG-8 AP CRETARY OF LAHASSEE,
	E-mail address: (to be used for future annual report notification)	# S = = = = = = = = = = = = = = = = = =
For fur	ther information concerning this matter, please call:	AM IO: 08 OF STATE
R	berto Gonzalez at 305, 447-8886	3 20
- 110	Name of Person Area Code & Daytime Telephone Number	ı
Enclos	ed is a check for the following amount:	
\$25	(additional copy is enclosed) Certified	e of Status &
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 RAILING ADDRESS: Registration Section Division of Corporations Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Di-GA Investr			
(<u>Name of the Limited L</u> (A F	ability Company as it now appears (orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab		28 2005 and a	assigned
This amendment is submitted to amend the follow	-		
A. If amending name, <u>enter the new name of t</u> l	ne limited liability company here:		
:	÷		
The new name must be distinguishable and end with t'L.L.C."	he words "Limited Liability Company	," the designation "LLC" or th	e abbreviation
Enter new principal offices address, if applicab	le:		
<u>Principal office address MUST BE A STREET</u>	ADDRESS)	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	2
			<u></u>
Enter new mailing address, if applicable:		SSEE C	AND AND
Mailing address MAY BE A POST OFFICE BO)X)	E S	
		ON TO THE TOTAL CONTRACT OF THE TOTAL CONTRA	80
B. If amending the registered agent and/or	registered office address on our	records, enter the name	of the new
registered agent and/or the new registered office	e address nere:		
Name of New Registered Agent:	:		
New Registered Office Address:	<u> </u>	·	·
	Enter Florida street address		
•	· · · · · · · · · · · · · · · · · · ·	, Florida	
	City	Zip Co)de

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

. 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 = M MGRM =	lanager Managing Member	s E	·
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>RA</u>	Ileana Diaz	MIAMI, FI 33178	Add P Remove
<u>vp</u>	Ileana Diaz	4420 SW 63rd Ave Miami, F1 33155	Add Remove
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
;		· · · · · · · · · · · · · · · · · · ·	Add Remove
- !	 		Add
		enter change(s) here: (Attach additional sheets, if necessar	APPROVED AND FILED 12 AUG -8 AM IO: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	Jugust 3 Llean	2012. e of a member or authorized representative of a member	
	± VEAN		
		Typed or printed name of signee	•

Page 2 of 2

Filing Fee: \$25.00