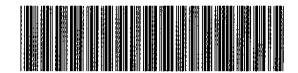
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

APR = 7 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Dalmida Group LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jana M Dalmida (Name of Person)
The Dalmida Group LC (Firm/Company)
P.O. BOX 224292 (Address)
Christian stead ST.Croix UI 00822 (City/State and Zip Code)
For further information concerning this matter, please call:
Jana Dalmi'da at (954) 464 3192 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Talk-bases FL 23214 STREET/COURIER 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

The Dalmic			5 NS	
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.		
The Articles of Organization for this Limited Lis Florida document number		121/2006	_ and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here	2		
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Compar	ny," the designation "LLC	or the abbreviation	
B. If amending the registered agent and/or the new registered of		ur records, enter the	name of the new	
Name of New Registered Agent:	Jana M. (Dalmida		
New Registered Office Address:	11255 W. Allantic Blud, Svite 308 (Enter Florida street address)			
	Coral Springs	, Florida <u> </u>	330¶ \ (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 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:

	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
**********			Add Remove
			Add Remove
D. If am		dress of the tegristered Atlantic blud	_
			V 80 ISIÀIG
	Suite 31		ECRETA SION OF APR -
	Coral S	prings, FL 33071	- PH PH
Dated		01-1	FILED RETARY OF STATE ON OF CORPORATIONS PR -4 PM 1:43
	Signature of a member	or authorized representative of a member	
1	J. M. Typed	Oalmida or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00