L060000041226

(Requestor's Name)	
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or King Charles

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	DEGIL INV	ESTMENTS LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		CAROLINE LARSON	
		Name of Person	
	LARSON ACCOUN	TING & CONSULTING SERVICE	SLLC ZS 28
		Firm/Company	ECR BS
8810 COMMODITY CIRCLE SUIT E17		2009 SEP 18 PM SECRETARY OF TALLAHASSEE, F	
		Address	——————————————————————————————————————
	ORLANDO - FLORIDA 32819		
		City/State and Zip Code	2: 02 STATE LORID
	LARSON_CAROLINE@YAHOO.COM E-mail address: (to be used for future annual report notification)		
For further information	concerning this matter, please of	•	
CAR	OLINE LARSON	at (407) 370-36	886
Name	of Person	Area Code & Daytime Telepho	ne Number
Enclosed is a check for	the following amount:	÷ .	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
БЛ А І	LING ADDDESS.	CTDEET/COUDIED AND	ndecc.
MAILING ADDRESS: Registration Section		STREET/COURIER ADI Registration Section	JRE55;
Divis	ion of Corporations	Division of Cornorations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEGIL INVEST	TMENTS LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL0600041226	were filed on	04/21/2006	Tand assigned A and CRETA LLAHAS	
This amendment is submitted to amend the following:			SEE SEE	
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	P. B. M	
INTERNATIONAL BUSIN	IESS PLANNE	R, LLC	2. O	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Compa	nny," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:	ncipal offices address, if applicable: 4700 MILLENIA BLVD SUITE 175			
(Principal office address MUST BE A STREET ADDRESS)	MUST BE A STREET ADDRESS) ORLANDO - FLORIDA 32839			
			· · · · · · · · · · · · · · · · · · ·	
ater new mailing address, if applicable: 4700 MILLENIA BLVD SUITE 175				
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO - FLORIDA 32839			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u>e:</u>			
	Enter Florida street address			
	City	, Florida _	Zip Code	
	City		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:

MGR = Manager

<u> Citle</u>	<u>Name</u>	Address	Type of Action
.		<u> </u>	Add Remove
			Add Remove
			Add Remove
			Add Alci Renave
			SEP
			FLOREIT AND CONTROL OF THE PROPERTY OF THE PRO
	- · ·	ge(s) here: (Attach additional sheets, if necessa	ry.)
Dated	1 Sunta	yn i	
		or authorized representative of a member RTO A. DOMINGUES Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00