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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Cor	rporations					
SUBJECT:	DBG	, LTD. CO.				
		ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Harvey M. Alper				
		Name of Person				
	Law Office of Harvey M. Alper					
		Firm/Company				
	516 D	ouglas Avenue, Suite 1106				
		Address				
	Altama	nto Caringo Elorido 22714				
	Allamo	onte Springs, Florida 32714 City/State and Zip Code				
	ALPERLAW@aol.com					
	E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, please o	all;				
Ha	rvey M. Alper	at (_407)	369-0900			
	Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for t	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	JNG ADDRESS:	STREET/COURI Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DBG, L1	TD. CO.		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Florida document number		were filed on	07/06/2006	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	<u>:e</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	nny," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:		753 N. Highway 17-92		
(Principal office address MUST BE A STRE	ET ADDRESS)	Longwood, Florida 32750		
		•		
Enter new mailing address, if applicable:		4454 Great Harbor Lane		
Mailing address MAY BE A POST OFFICE BOX)		Kissimmee, Florida 34746		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent;		<u>e</u> :	our records, enter the	ne name of the nev
New Registered Office Address: 4454 G		Harbor Lane		AR T
			ter Florida street ad d	
	K	City	, Florida	© 349 46
New Registered Agent's Signature, if changing	Registered Agent:	•	CORIDA	STATE 39
hereby accept the appointment as register the provisions of all statutes relative to the				

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 MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action			
MGR	Chris Piekarski	309 Wild Olive Lane Longwood, Florida 32779	Add ☑ Remove			
MGRM	Alexey Kryuchkov	4454 Great Harbor Lane Kissimmee, Florida 34746	✓ Add Remove			
			Add Remove			
 			Add Remove			
			Add Remove 			
			Add Remove			
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_			
Dated	28 March , 2011	<u></u>	<u>.</u>			
\leq	7	authorized representative of a member				
_	Alexey Kryuchkov Typed or printed name of signee					

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Filing Fee: \$25.00