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ALLAHASSEE, FIGRIO.

D. BRUCE

NOV 8 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SURII	ECT: ¹	DJ	GREO LLC	
осы		Name of Lim	ited Liability Company	
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
			SOLOMON SAINTVIL	
			Name of Person	
			DJ GRIOT, LLC	
		 , , , , , , , , , , , , , , , , , ,	Firm/Company	
		344	9 NE 1ST AVENUE L61	
			Address	
			MIAMI, FL 33137	
			City/State and Zip Code	
		DJO	GRIOT@HOTMAIL.COM	A 60 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		E-mail address:	(to be used for future annual report notification)	TO NOV
For fu	rther information	concerning this matter, please	call:	OV -5 PA HASSEE, F
	SOLO	MON SAINTVIL	at (305) 528-83	23 🚆 🖫 📊
	Name	of Person	Area Code & Daytime Telephor	Number Con Since Number 2: 05
Enclos	sed is a check for	the following amount:		<u> </u>
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Scriffed Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJ GREO,	LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears	on our records.)		
(ins, company,			
The Articles of Organization for this Limited Liability Company we	ere filed on	11/21/2006	and ass	igned
Florida document number L06000112711				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	<u>y company here</u>	:		
DJ GRIOT.	LLC			
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compan	y," the designation '	"LLC" or the a	ibbreviation
Enter new principal offices address, if applicable:			E a	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	-
			¥ -	
			338 A &	Į
Enter new mailing address, if applicable:				[1]
(Mailing address MAY BE A POST OFFICE BOX)			EE S	0
			D	
•				
B. If amending the registered agent and/or registered office	e address on ot	ur records, <u>enter</u>	the name o	f the new
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	er Florida street aa	ldress	
		, Florida _		
	City		Zip Code	2

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:

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			□ D
			Add Remove
	 		Add Remove
	· · · · · · · · · · · · · · · · · · ·		AddRemove
			- D
If amen	ding any other information, enter	change(s) here: (Attach additional sheets	s, if necessary.)
_			THE REPORT
	NOVEMBER 1	2040	S S S S S S S S S S S S S S S S S S S
ted	NOVEIVIBER I	2010	
	Signature of ad	nember or authorized representative of a mem	nber

Page 2 of 2

Filing Fee: \$25.00