## L07000027921

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	tate/Zip/Phone #	)
PICK-UP	· WAIT	MAIL
. (Busin	ess Entity Name	)
(Docu	ment Number)	
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THE LED THE STATE SECRETARY OF STATE ARIDA

C. LEWIS

JUL 2 3 2009

EXAMINER

## COVER LETTER -

TO:	Registration Se Division of Cor			
	%:	•		
SUBJE	ECT:		I, LLC	
		(Name of Limi	ited Liability Company)	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
			VINCENT BENOLIEL	
			(Name of Person)	<del></del> .
			DAVI, LLC	
			(Firm/Company)	
1331 BRICKELL BAY DRIVE, SUITE 1703			ELL BAY DRIVE, SUITE 1703	
			(Address)	
			MIAMI, FL 33131	
			(City/State and Zip Code)	
For fur	ther information c	oncerning this matter, please ca	all:	
	Vincent E	Benoliel	at ( 305 ) 336 4111	
	(Name o	of Person)	(Area Code & Daytime	Telephone Number)
Enclose	ed is a check for th	ne 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)
		ING ADDRESS:	STREET/COURIER	R ADDRESS:

Registration Section

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 JUL 22 PM 1: 39

(Name of the Limited Liabi (A Florid	DAVI, LLC	.SE	CRETARY OF STATE
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appe la Limited Liability Company)	ars on our records	5
The Articles of Organization for this Limited Liability Florida document numberL07000027921	Company were filed on	03/14/2007	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	ere:	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	pany," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
	<del> </del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	(City)	, Florid	(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 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 = Ma MGRM = N	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	JDD, LLC	900 SOUTH MIAMI AVENUE SUITE 175 MIAMI FL 33130	Add Remove
			Add Remove
	<del></del>		Add Remove
<u></u>	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	ary.)
			TARELES LU
Dated	· · · · · · · · · · · · · · · · · · ·	<u> </u>	TALLAHASSEE FLARD
	Signature of a member	r or authorized representative of a member  (incent Benolie) I or printed name of signee	
	Турси	- Dianete marite of signet	

Page 2 of 2

Filing Fee: \$25.00