-07000089654

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (<u></u> | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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B. KOHR **EXAMINER**



ACCOUNT NO. : I2000000195

REFERENCE: 168548

7605978

AUTHORIZATION :

COST LIMIT :

ORDER DATE: October 27, 2009

ORDER TIME : 3:39 PM

ORDER NO. : 168548-005

CUSTOMER NO: 7605978

DOMESTIC AMENDMENT FILING

NAME: DVG PENS & ACCESSORIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DVG PENS & ACCESSORIES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number <u>L070000</u>89654 This amendment is submitted to emend the following: A. If amending name, enter the new name of the limited liability company here: RED MOTOMARINA LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C." 20911 Johnson SMEET SumE Enter new principal offices address, if applicable: PEMBRUKE PINES (Principal office address MUST BE A STREET ADDRESS) 20911 JOHNSON STREET SLITE 129 Enter new mailing address, if applicable: PEMBROKE PINES (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Now Registered Office Address: (Enter Florida street address) (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 fifte, name, and address of each Manager or Managing Member being added or removed from our records:

| MGR = Manager MGRM = Managing Member | | | | |
|--------------------------------------|--|--|----------------|--|
| Title | Name | Address | Type of Action | |
| MGRM | RAFAEL ARREDONDO | 20911 JOHNSON ST SUITE 129 PEMBROKE PINES, FL 33029 | Add Remove | |
| MGRM | ANTONIO DIBUONGRAZI | O <u>ZD911 JOHNSON ST</u> SUITE 129 PEMBROKE PINES, FL 33029 | Add Remove | |
| ` <u>.</u> | | | Add Remove | |
| - | | | Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| D. If amendi | ng any other information, enter change(s | s) bere: (Attach addicional sheets, if necessary.) | | |
| | | | | |
| _ | A / | | _ | |
| Dated | Signature of a readour or | antibyreed reprosplative of a member | Kredud | |
| | DANIEL ANNOLID DI D | | re00~00 | |
| | | Page 2 of 2 | | |

Filing Fee: \$25.00