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EXAMINER

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SECRETARY OF STATE

Registration Section

TO:

COVER LETTER

Division of Co	orporations			
SUBJECT:	L & G Intern	ational Group, LLC		
OCTORISTO I COMMISSION CONTRACTOR		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	writted for filing		
	ondence concerning this matter	<u>-</u>		
Frenze retatu un correst	outlette couremuk mis merei	te the following:		
		Wally Rubin		
		Name of Person		1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		Firm/Company		
	1059	9 Stonebridge Bouleva	rd	
		Address		
	Boc	a Raton, Florida 3349	8	
		City/State and Zip Code		in-plan and plans
	Sup E-mail address: (pport@decorarugs.com	notification)	
For further information	concerning this matter, please of	-	·	
, ,	, ,			
	Wally Rubin	at (_561)	414-3304	
Name	of Person	Area Code & Di	aytime Telephone N	umber
Enclosed is a check for	the following amount:			
₹ \$25.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Cer losed) Ce	00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
MAT	LING ADDRESS:	STREET/CO	OURIER ADDRE	SS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

L & G Inter	mational Group, LL	.C		
(Name of the Limited Liability (A Florida L	Company as it now appear limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on	υ9/04/2007	and assigned	
This amendment is submitted to amend the following:				
A. If amending usine, enter the new name of the limi	ted linbility company her	<u>(G</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	any," the designation "L	LC" or the abbreviation	on.
Euter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDR				ı
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on e ess here:	our records, <u>enter th</u>	e name of the ne	<u>w</u>
Name of New Registered Agent:	and the specimens of th			
New Registered Office Address:	namen and a second		₽° =	
	En	<i>ler Florida street addr.</i> Florida		N
And the second s	City	, F196 1424	Zip Code	
New Registered Agent's Signature, if changing Registered			PH 3	1 1
I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	d complete performance ent as provided for in Cl	of my duties, and I at hapter 608. F.S. Or, i	ec To Tomply with n Familiar with and f this document is	

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	mager Janaging Member		
Title	Name	Address	Type of Action
MGR	Wilensky, William	406 Pumpkin Drive Palm Reach, Florida 33410 US	Add Remove
MGR	Wurtzburg, Warren A	2640 Lake Shore Drive, Unit 507 Riviera Beach, Elorida, 33404 US	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter e	change(s) here: (Attach additional sheets, if necessary.)	
	5/4/2010		
Dated	X Signature or a m	ember of a member	
	William W	Typed or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00

Florida Dept. Of State Division of Corporations

This letter it to certify that we are adding a MBR - William Wilensky and Removing MBR -- Warren Wurtzburg.

You can reach me at

William Wilensky **'561-863-3130**

805 North Lake Blvd. North Palm Beach, Fl. 33408 US