107000118135

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COVER LETTER

TO:	Registration Se Division of, Cor			e e		
		IANAGEMENT, LLC				
SUBJI	ECT:	Name of Limit	ed Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		LUCIAN DANCAESO	วบ			
			Name of Person			
		DGRP MANAGEME	NT, LLC			
			Firm/Company			
		18 VIA DE LUNA DR	PH03			
			Address			
		PENSACOLA BEAC	H, FL 32561			
		LD@DGRPmgmt.cor	City/State and Zip Code			
		E-mail address: (to	be used for future annual report notification	on)		
For fu	rther information c	oncerning this matter, please ca	all:	A A C	<u> </u>	
LUC	IAN DANCAE	SCU	850 525-2245	_AHAS	JUL 2	Carana terrena e i e i
	Name o	f Person	Area Code & Daytime Te	lephone Number m -<	- 2 A	
Enclos	sed is a check for th	ne following amount:		STATE LORIDA		U
\$2:	5.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing For Certificate of S Certified Copy (additional copy	Status &	osed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DGRP MANAGEMENT, LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our : Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar L07000118135 Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lit" L.L.C."	mited Liability Company," the d	esignation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TA'S 13
_		ASS
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		CC: CC: COMPANY
		ORAT OF
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		rds, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	da street address
		Florida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOSEPH ENDRY	123 PALAFOX PL	Add
		PENSACOLA, FL 32502	Remove
MGRM	M OLGA DANCAESCU	112 MATAMOROS DR	Add
		PENSACOLA BEACH, FL 32561	Remove
MGRM	ALEX DANCAESCU	112 MATAMOROS DR	✓ Add
		PENSACOLA BEACH, FL 32561	Remove
		TALL AHAS	SECRET
		SSEE. FLORIDA	Remove
			Add
			Add Remove

If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	1
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JULY 16	2013
ed	
	and I
	Signature of a member or authorized representative of a member
LU	ICIAN DANCAESCU, MANAGING MEMBER
	Typed or printed name of signee

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Filing Fee: \$25.00

13 JUL 22 AH II: 05
SECKETARY OF STATE
TALLAHASSEE, FLORID