

L080000006049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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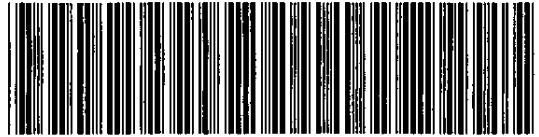
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MAR - 5 2008

EXAMINER

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03/03/08--01040--009 **30.00

2008 MAR - 3 P 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE DEE LEE GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/16/08 and assigned
Florida document number L08000006049.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

New Registered Office Address:

(Enter Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALLISON E. TODD	1764 HUDSON ROAD ST. LOUIS, MO 63136	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SARAH GONZALEZ-LEE	394 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FLORIDA 34787 MGRM	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SARAH GONZALEZ-LEE	394 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FLORIDA 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Sarah Gonzalez-Lee

Signature of a member or authorized representative of a member

SARAH GONZALEZ-LEE

Typed or printed name of signee

FILED
2008 MAR -3 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA