# W80000 19819

(Re	equestor's Name)		
(Ad	ldress)		
(Address)			
•			
(Cit	ty/State/Zip/Phone	<del>#</del> )	
(0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·,	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
•			
(Do	cument Number)		
•	•		
Certified Copies	Cartificatos	of Status	
Certified Copies	_ Certificates	Oi Status	
Special Instructions to	Filing Officer:		
		1	
	•		
		ŀ	

Office Use Only



800119556408

03/07/08--01017--006 \*\*25.00

SECHETARY OF STATE

Thomas MAR 1 0 2009

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DGC Quality Control, LLC (Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Renee Brown (Name of Person)	
R. Brown + ASSOC.	
1598 Grace Lake Circle	08 H
LONGWOOD , PL 32750 (City/State and Zip Code)	PALATIASSEE FLORIDE STATE
For further information concerning this matter, please call:	OF STATE
Revee Brown at 407, 810-5967  (Name of Person) (Area Code & Daytime Telephone Number)	<b>₹</b>
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

### 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

Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
Articles of Organization for this Limited Liability Company were filed on 2/25/08 and assigned rida document numberL08000019819	The Articles of Organization for this Limited Liability Company were filed on 2/25/08 and assigned Florida document number L08000019819
s amendment is submitted to amend the following:	This amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here: 8	A. If amending name, enter the new name of the limited liability company here:
If amending the registered agent and/or registered office address on our records, enter the name of the new.	The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviate "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:	Name of New Registered Agent:
New Registered Office Address:  (Enter Florida street address)	
, Florida	
(City) (Zip Code)	(City) (Zip Code)
y Registered Agent's Signature, if changing Registered Agent:	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:

	Manager = Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
	NA		Add Remove
			Add Remove
		•	Add Remove
			Add Remove
			Add Remove 8 FILE
			PH 4: 10
D. If an	nending any other information, enter chang	e(s) here: (Attach additional sheets, if ne	cessary.)
	Please Change		cipal
	address to:		
	U881 Kings	Pointe PRKY	
		orida 32819	,
	Please leave n	railing address	05 is.
Dated	2/28 , 20	:	
_	Pere	mon	<u> </u>
	· · ·	or authorized representative of a member	
	Typed	or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00