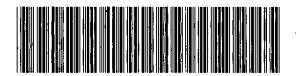
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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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C. LEWIS OCT 1 7 2008 EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: DE K Bly   NTERNATIONAL 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:					
DONALO A. Bly C.D. (Name of Person)					
Ampm House calls Southern Keys (Firm/Company)					
13 Evergreen Aug					
Key West FL 33040 (City/State and Zip Code)					
For further information concerning this matter, please call:					
DOMALD Bly  (Name of Person)  at (305) 509 1443  (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

FILED

2008 OCT 16 PH 12: 34

DE KBW lyternat	ional	LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of the Limited Liability Comps (A Florida Limited	any as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on 🔟	April 24	2005 and assigned
Florida document number <u>LOSOOOO 4/252</u>			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lial</u>	bility company h	ere:	
The new name must be distinguishable and end with the words "Lim" 'L.L.C."	nited Liability Com	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	13 Key 23040	Evergree West, F	en Ave
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ــــــــــــــــــــــــــــــــــــــ	Vergreen West F	Ave EC.
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.	ffice address on		
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street	address)
	• (		address)
	(City)	, Florida	(Zip Code)

(If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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 I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			AddRemove
<u> </u>			<b>=</b> -
<del></del>			
<del></del>			<b>₹</b>
	<u> </u>		<b>=</b> n
			Remove
D. If ar	mending any other information,	enter change(s) here: (Attach additional sheets,	if necessary.)
David	Ont 12 200		ZONO OCT 16  JORE JAR TALLAHASS
Dated _		e of a member or authorized representative of a memb	The same of the sa
	DONAL	Typed of printed name of signee	PH 12: 34

Page 2 of 2

Filing Fee: \$25.00