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INDO SEP 22 P 2: 59
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of C							
SUBJECT:	DEB GRAPHIC	s LLC					
	(Name of Li	mited Liability Company)					
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.					
Please return all corres	pondence concerning this matte	er to the following:					
	DIEG	O LAFUENTE (Name of Person)					
		(Name of Person)	47. 3				
	w≡e €	SPAPHICS LLC	超易力				
		(Firm/Company)	FILE 2003 SEP 22 SECRETARY TALLAHASSE				
	3090 2	WED PRONK DO	SEP 22 P ECRETARY OF S				
		(Address)	Tree D				
	4. J.,	Dor Fl 32700	P 2: 55 OF STATE OF STATE				
	_ winter	City/State and Zip Code)	<u>&gt;</u>				
Face Could be to Council to							
For further information	concerning this matter, please	caii:					
DIEGO L	AFUENTE	at (407) 745 - 10 (Area Code & Daytime T	94.				
(Nam	ne of Person)	(Area Code & Daytime T	elephone Number)				
Enclosed is a check for	r the following amount:						
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,				
\$25.00 Tilling 1 00	Certificate of Status	Certified Copy	Certificate of Status &				
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)				
MAI	LING ADDRESS:	STREET/COURIER	ADDRESS:				
Registration Section		Registration Section					
P.O.	sion of Corporations Box 6327	Division of Corporations Clifton Building					
Tallahassee, FL 32314		2661 Executive Center	r Circle				

Tallahassee, FL 32301

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

(Name of the Limited Li	2APHICS	v as it now anne	ars on our reco	rde )		_
(Name of the Limited Li (A F	orida Limited Li	ability Company)	dis on our reco	1 (131)		
The Articles of Organization for this Limited Liab Florida document number <u>LOB 0000</u> 58		vere filed on	6-13-2	2001	<u>∋</u> and	l assigned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	e limited liabil	ity company he	ere:			
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	ed Liability Comp	pany," the desig		LLC" or	the abbreviation
Enter new principal offices address, if applicab	le:			ECRE	3 4	η
(Principal office address MUST BE A STREET.	ADDRESS)	-	<u></u>	TARY SCE	P > 1	
Enter new mailing address, if applicable:				OF STATE	D 2: 5	Ö
(Mailing address MAY BE A POST OFFICE BO			<del>&gt;</del>	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records,	enter	the nam	e of the new
Name of New Registered Agent:	DIEGO	LAFUER PIUERBRI	STE			
New Registered Office Address:	3099 T	Piuezbra a	Enter Florida s	treet aa	ldress)	
		PARK (City)	, Flo	rida	32 = (Zip)	792 Code)
New Registered Agent's Signature, if changing Reg	<u>istered Agent:</u>					

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)

Page 1 of 2

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 **Title Type of Action** Name **Address** Add Remove **□** Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) U Dated SEPTEMBER 17, 9008

Page 2 of 2

Filing Fee: \$25.00