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Office Use Only



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D. BRUCE

AUG 1 2 2011

**EXAMINER** 

## **COVER LETTER**

FO: `	Registration S Division of Co					
SUBJE	CT.	DC VENDORS, LLC				
SUBJE	.CI;		mited Liability Company			
The end	closed Articles of	f Amendment and fee(s) are s	submitted for filing.			
Please i	return all corresp	ondence concerning this matt	ter to the following:			
	DIANA ALFONSO, MGR					
			Name of Person			
		GLOBUS TRACON, LLC				
			Firm/Company			
	1961 WOOD BROOK STREET					
	Address					
	TARPON SPRINGS, FL 34689					
	City/State and Zip Code			EX SURPLINE		
	dalfons1@gmail.com  E-mail address: (to be used for future annual report notification)			! 		
For furt	ther information	concerning this matter, please	To Its	O		
	DIA	NA ALFONSO	at ( 727 ) 939-1293			
		of Person	Area Code & Daytime Telephone Number			
Enclose	ed is a check for	the following amount:				
<b>\$25.</b>	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	osed)		
	Regist Divisi P.O. E	tration Section on of Corporations Box 6327 lassee, 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

DC VENDO	ORS, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor	<u>rds.</u> )		
(**************************************	,,, ,			
The Articles of Organization for this Limited Liability Company were filed onJULY 9, 2008 an				
Florida document numberL08000066410				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
GLOBUS TRA		•		
The new name must be distinguishable and end with the words "Lim		nation "LLC" or the abbreviation		
"L.L.C."		Dice _		
Enter new principal offices address, if applicable:	1961 WOOD BROOK ST	r. 50 A		
(Principal office address MUST BE A STREET ADDRESS)	TARPON SPRINGS, FL	7m C 11		
		SSE -		
		19 BE 111		
Enter new mailing address, if applicable:		F STA		
(Mailing address MAY BE A POST OFFICE BOX)		D. T.		
Material and the Materi				
B. If amending the registered agent and/or registered of	fice address on our records,	enter the name of the nev		
registered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor			
	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>	Name	Address	Type of Action			
MGR	Diana P. Alfonso	1961 WOOD BROOK ST. TARPON SPRINGS, FL. 34689	Add Remove			
MGR	Robert Alfonso	1961 WOOD BROOK ST. TARPON SPRINGS, FL. 34689	✓ Add ☐ Remove			
MGRM	Christopher A. Alfonso	1961 WOOD BROOK ST. TARPON SPRINGS, FL. 34689	✓ Add Remove			
			Add Remove			
			Add Remove			
**************************************			Add Remove			
D. If am	nending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	V) Por			
		DR WHICH THIS LLC IS ORGANIZED IS:	FILED  11 NUG 11 PH EX BI			
Dated	AUGUST 8 , 2011					
	•	mber or authorized representative of a member				
		pped or printed name of signee				

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Filing Fee: \$25.00