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B. BOSTICK
'AUG 17 2011
EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:		G FAMILY LLC.			
	Name of Lin	ned Liability Company.			
		• • •			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		LEON BALZA			
	Name of Person				
L & N GENERAL FILING SERVICES INC					
Firm/Company					
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	E-mail address; (to be used for future annual report	notification)	3F.C	
For further information	concerning this matter, please of	call:		AUG I	(1222) AS
LI	EON BALZA	at (786)	235-0909	S 51	् •
Name	of Person	Area Code & D	aytime Telephone Number	PHI2:	instant
				FLORI STAT	: 10
Enclosed is a check for t	the following amount:			OS RIDA	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	losed) Certified (e of Status &	sed)

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 ARTICLES OF ORGANIZATION **OF**

	D AND G FAMILY LLC			
(<u>Name of the Limite</u> (d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on	01/11/2009	and assigned	
Florida document number L0900000	<u>)3156 </u>		,	
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Compa	any," the designation "L		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)) (7)	~	
		,	PA 12: 0	
Enter new mailing address, if applicable:		io 2		
(Mailing address MAY BE A POST OFFICE BOX)				
	<u></u>			
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the n	
registered agent and/or the new registered (office address here.			
Name of New Registered Agent:	DUNYA A. FELIPE			
New Registered Office Address:	16313 NW 84 PL			
	Enter Florida street address			
	MIAMI LAKES	, Florida	33016	
	City		Zip Code	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
SEC	GEORGE C. FELIPE	16313 NW 84TH PL MIAMI LAKES, FL 33016	Add Ø Remove
PRE	DUNIA A. FELIPE	16313 NW 84TH PL MIAMI LAKES, FL 33016	Add ✓ Remove
MGRM	DUNYA A. FELIPE	16313 NW 84TH PL MIAMI LAKES, FL 33016	Add Remove
			Add Remove
			Add Remove
		A	
D. If amendi	ng any other information, enter change(<u>—</u>	
		RIDA	2: 05 ATE
Dated	AUGUST 4 , 201	<u></u> -	
_	V	r authorized representative of a member IGRM / SEC	
_	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00