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SECRETARY OF STATE
AFLAHASSEE, FLORIDA

J. BRYAN

JAN 25 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	D&GA	dvertising, LLC		
		ited Liability Company		
	f Amendment and fee(s) are sultondence concerning this matter		:	TECHHASSEE, FLOR
		James E. Farah	•	
	-	Name of Person		From To
The Farah Law F				STE S
Firm/Company				9
1506 Prudential Drive, 2nd Floor				
		Address		
	Jac	ksonville, Florida 32207	•	
City/State and Zip Code				
	F-mail address:	jim@farahlaw.com to be used for future annual report	notification)	
For further information	concerning this matter, please	•	,	
roi iuithei intoithattoit	concerning this matter, please of	att.		
	Jim Farah	at (_904_)	731-7809	
Name	of Person	Area Code & Da	ytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified (of Status &
MAII	LING ADDRESS:	STREET/CO	URIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D &	G Advertising, LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)		
·				
The Articles of Organization for this Limited Liabilit		1/11/2010	and assigned	
Florida document numberL1000003222		4	10 = -n	
		?	岛生一	
This amendment is submitted to amend the following	; :	• • •	野で「	
A. If amending name, enter the new name of the	limited lighility company has	, *^*	FILEU PROFEST	
-		<u></u> .		
	B. HOLDINGS II, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX				
				
B. If amending the registered agent and/or re		our records, <u>enter th</u>	e name of the new	
registered agent and/or the new registered office a	ddress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	-	, Florida		
	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

Jan 20 11 12:43p 01/20/2011 11:28

Watson Pharmacy

9047319470

9046195527

FARAH LAW FIRM

p.1

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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 = 1 MGRM =	Manager = Managing Member	` ; :	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
 _			Add Remove
			Add Remove
	·		∏Add ☐Remove
			T 7 7
D. Ifamo	ending any other informatio	n, enter change(s) here: (Attach additional sh	eets. if necessary.)
-			FILI 11 JAN 24 SECRETARY ALLAHASSE
Dated	1/19/11		RY OF STATE
	Signat	are of a member of authorized representative of a n	· >
		Typed of printed name of signer	· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00