

L10000088382

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DISPLAY EL TRIANGULO M J, LLC.**

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C. LEWIS

JUL 12 2011

EXAMINER

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July 11, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DISPLAY EL TRIANGULO M J, LLC.
12155 CORDIA DR.
BOYNTON BEACH, FL 33437

SUBJECT: DISPLAY EL TRIANGULO M J, LLC.
REF: L10000088382

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H11000176812
Letter Number: 011A00016401

P.O BOX 6327 - Tallahassee, Florida 32314

H110000176812

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 JUL 11 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISPLAY EL TRIANGULO M.J., LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned
Florida document number L10000088382

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DISPLAY EL TRIANGULO M.J., C.A. LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

Page 1 of 2

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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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 7, 2011



Signature of a member or authorized representative of a member

HAMBARSOUM A. JOKHAGIAN

Typed or printed name of signee

Page 2 of 2

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