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G. MCLEOD

OCT - 7.2010

**EXAMINER** 



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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: D+G Crago LLC  Number of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Virginia CRAGO Name of Person				
Firm/Company				
20107 RALSTON ST				
ORLANDO, FL 32833  City/State and Zip Code  dayecraso & bell swth. net  E-mail address (to be lost for future annual report notification)				
E-mail address (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Virginia Crago at 407 568-9461  Name of Person at 407 568-9461  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\				

**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 TO ARTICLES OF ORGANIZATION OF

D&G Crago	LLC			
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on ou ited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Com	• •	and assigned		
Florida document number L 10000 to 3324				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		<u>&gt;</u> თ		
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>		
		SEE 6		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Mailing address MAY BE A POST OFFICE BOX)		[S		
	<del> </del>	D.F. 3		
B. If amending the registered agent and/or registerer registered agent and/or the new registered office address		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	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 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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M6em	DAUE CRAGO	ORLANDO FL 32833	Add Remove
			Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
_			_ _
Dated	Virgina L Signature of a memb	er or authorized representative of a member  Coas o ed or printed the of signee	
	Virginia L. Type	CVAA 8 ed or printed theme of signee	

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Filing Fee: \$25.00