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DEC 27 2010

EXAMINER



200188890872

12/23/10--01033--009 **25.00

10 DEC 23 PH 2: 18
SECRETARY OF STATE
TALLAHASSEE, FI OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ar. MoHzer
	Name of Person Name of Person Firm/Company
	1515 No Federal Highway, Suite 300
	Boca Roston, F1,33433 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call: At Meltzer at 305, 978-8032
	Name of Person Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
7 \$25.	00 Filing Fee \$\bigcup \\$30.00 Filing Fee & \bigcup \\$55.00 Filing Fee & \bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	·

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
Direct S	ource. Ching, LLC
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
(***********	1 1 1 -
The Articles of Organization for this Limited Liability	Company were filed on and assigned
Florida document number	122
•	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
DO (5-E-Glow, LLC
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	SE SE
(Mailing address MAY BE A POST OFFICE BOX)	
	stered office address on our records, enter the name of the nev
registered agent and/or the new registered office add	dress 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = 1	Managing Member		
Title ·	<u>Name</u>	Address	Type of Action
			Add
			Remove
			-
 			Add Remove
			_
			Add Remove
		-	
			Add
			Remove
			Add
	- 10/- 10- 10- 10- 10- 10- 10- 10- 10- 10- 10		Remove
			
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			_
	No 1 (1) 201	()	<u></u>
Dated	December 13, 201		
	<u> </u>	in moly Manager	· · · - · · ·
	Signature of a member	r or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00