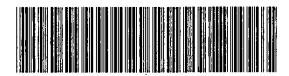
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T. HAMPTON

FEB 2 4 2011

EXAMINER

COVER LETTER

TO: Registration Section ✓ Division of Corporations
SUBJECT: DG MECHANICAL IS ELLINAS LLC Name 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:
DEMETRIOS GIZAS Name of Person
DG MECHANICAL IS ELLINAS LLC
P.O. BOX 1684
City/State and Zip Code word gray to
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DFMTTRIOS GIZAS at (727) 678-3722 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$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 Cliffon Building Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 FEB 28 MID: 39

DG MECH (Name of the Limited L	HANICAL IS ELLINAS LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	bility Company were filed on JAN 14, 2011 and assigned 6151.
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicat	ble:
(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 agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of Nam Bookstored Acousti	DEMETRIOS GIZAS
Name of New Registered Agent:	25.0 11.11 18.00 80 (15.00 176
New Registered Office Address:	2519 McMult BOOTH RD, Suite 510-139 Enter Florida street address
	CLEARWATER, Florida 33761 City Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:
the provisions of all statutes relative to the pro-	agent and agree to act in this capacity. I further agree to comply with oper and complete performance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

GR = Ma GRM = I	nnager Managing Member		
<u>tle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
 -			Add Remove
			Add Remove
If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.) —
_			SECRETARY IVISION OF C
 ted	FGB 17 . 20	<u>011</u> .	RY OF STATE CORPORATIONS
	Signature of a member	r or authorized representative of a member	X
	DFHFT F	2105 G1ZAS or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00