L11000043585

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Statu	s			
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COVER LETTER

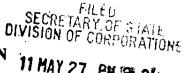
TO:	Registration : Division of Co		•	•
SURJ	ECT:	DG&	G SALES LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles o	f Amendment and fcc(s) are su	bmitted for filing.	
Picase	return all corresp	condence concerning this matter	r to the following:	
			DONNIE D GRAHAM	
			Name of Person	
			Firm/Company	·
			5539 101ST STREET	
			Address	
		JAC	KSONVILLE, FL 32210	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	nion)
For fur	ther information	concerning this matter, please c	ali:	
		NIE D GRAHAM		12-3954
	Pame	of Person	Area Code & Daytima	Clephone Number
Enclose	ed is a check for t	he following amount:		
[7] \$ 2.5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & 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
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 11 HAY 27 PH 3 24



D G & G	SALES LLC		
(Name of the Limited Lightley Co (A Florida Limi	mpany as it now appeared Liability Company)	in on our records.)	
(7.116) (20.00)	ned District Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on	04/11/2011	and assigned
Florida document numberL11000043585			
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company he	re:	~
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	20		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
I If amending the registered agent and/or registered		our records, enter the	name of the ne
Name of New Registered Agent:	<u></u>		
Name of New Keksteren Altern.			·
New Registered Office Address:	Enter Florida street address		
	, Florida		
			Zip Code
	City		zap conc

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

g the Managers or Managing Mem 12 <u>Member being added or removed</u>	pers on our records; enter the title, name, and address	nu of each Manager
nnger Annaging Member		
<u>Name</u>	Address	Type of Action
DONNIE D GRAHAM	5539 101st STREET JACKSONVILLE, FL 32210	[7] Add
		Add Remove
		Add Remove
		Add Remove
		Add Remove
		Add Remove
ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_
	ال سيني پي	DIVISION OF C
MAY 13, , Onnie	2011 D. Graham The or authorized representative of a member	CORPORATIONS 7 PM SP 2%
-	•	
	MAY 13 MAY 13 Signature of a mer	MAY 13 MAY 14 MAY 14 MAY 15 MAY 15

Page 2 of 2

Filing Fee: \$25.00