# 1200107537

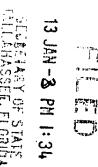
(Re	equestor's Name)	
(Ad	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500242534735

12/26/12--01003--005 \*\*25.00



Jan 1/3/13

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

D & J ASSOCIATES GROUP 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:

### MIKHAIL LATCHA

Name of Person

#### D & J ASSOCIATES GROUP LLC

Firm/Company

#### 827 SHORE BREEZE WAY

Address

#### MINNEOLA FL 34715 US

City/State and Zip Code

#### CARCS2012@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

#### MIKHAIL LATCHA

352<sub>2</sub>223-5138

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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

(Name of the Limited Lighility Company as it now appears on our vecords)

•	ARTICLES OF ORGANIZATION OF	
D & J ASSOCIATE	ES GROUP LLC	

(A Florida Lim	ited Liabili	ty Company)	corus.		
The Articles of Organization for this Limited Liability Com Florida document number <u>L12000107539</u>	npany were	filed on _08/21/2012	2	_ and ass	signed
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited	l liability o	company here:			
The new name must be distinguishable and end with the words '"L.L.C."			signation "LLC	" or the	abbreviation
Enter new principal offices address, if applicable:	82	7 SHORE BREEZE	STREET		
(Principal office address MUST BE A STREET ADDRESS)		NNEOLA FL 34714	l E.	ر. <u>ب</u>	
			77 e	. J.	1
Enter new mailing address, if applicable:	82	7 SHORE BREEZE	STREET-		- should state
(Mailing address MAY BE A POST OFFICE BOX)		NNEOLA FL 34714	1 7	P# -	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		address on our record	s, enter the	name (	of the new
Name of New Registered Agent: MIKHA	IL LATC	НА			·
New Registered Office Address: 827 sho	ore bree				
		Enter Florida	street address	\$	
MINNE	OLA	, F	lorida 3471	4	
	Cit	<i>y</i>		Zip Code	e
New Registered Agent's Signature, if changing Registered A	gent:				

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, 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>	Name	Address	Type of Action
MGRM	MIKHAIL LATCHA	827 shore breeze st.	Add
		MINNEOLA FL 34714	Remove
MGRM	David Rivass	28 se 23rd ave	
		pompano Beach FI 33062	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
<del></del>			Add
			Remove

D.	If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· —	
Dat	ed T	) ecember 19,2012.
		M. Rhoil Latcha
		Signature of a member or authorized representative of a member
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00