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13 OCT -4 PN 1: 2 SECRETARY OF STATE TALLAHASSEE FLORIDA

T. Burch GCT 7 2013

COVER LETTER

TO:

CR2E062 (4/13)

Registration Section

Division of Corporations	
SUBJECT: D6B Enterprises	LC.
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Articles of Correction and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Joel Dolinch Name of Person	
DGB Enterprises LLC	<u></u>
6131 Lyon Roed Suite	101
City/State and Zip Code	33176
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Jac Name of Person	at (305) 255-0041 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
	\$55 Filing Fee & Certified Copy Certified Copy Certified Copy

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30. business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	<u>:</u> :	The name of the limited liability company is: D6B Enterprise	s L	LC	_
SECO	<u>ND</u> :	L $(3 - i \ \% \ \% \ \%)$ The articles of organization or the application to transact business			-
<u>(CH</u>	ECK T	THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	[ATE	<u>MEN</u>	T
\(\overline{\text{X}}\)		ins an incorrect statement. The incorrect statement, the reason the statest, and the corrected statement are as follows:	temen	ıt is	
	Mis	sinterpretation of the name of the LL	<u>C</u>	TL	رو
	Nyw	a was entered DBB Enterprises LLC and sh	ould	bo	2
	DGI	u was entered DBB Enterprises LLC and shall be the	let!	ter	G
	<u>OR</u>				
		efectively signed. The manner in which the document was defectively propriate correction are as follows:	SIGNED AND SEE	0CT -4	nd
			1013 718::	PH -	
			P H	24	
Dated:	10/2	Signature of a member or authorized representative of a member			
		Typed or printed name of signee			
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	カムR	Entaro	aires 1LC	
()	Aust end with the w	ords "Limited Liabi	rises LLC ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A		ddress of the p	rincipal office of the Limited L	iability Company is:
Principal Office			Mailing Address:	
6131 his	nus Road		6131 Lyons Ros	rd
Suite l'	o (6131 Lyons Ros Suite 101 Coconut Creek FL	
Coconut	Creck F	L 33073	Coconut Creek FL	35073
business entity with ar	_	address of the	registered agent are:	SECRE DIVISION (13 SEP
The name and the		JOCK DI	Bliver	CP OR
The name and the	 .	Name	plinch	- 기타
The name and the		Name Sw 104		- 기타
The name and the		SW 104		- 기타
The name and the	13900	SW /0Y Florida street ad	力ve Idress (P.O. Box <u>NOT</u> acceptable)	- 기타
The name and the	13900	SW /0Y Florida street ad	tue	CRETARY OF STATE ON OF COMPORATIONS

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Arnold Cohen 61.31 Lyons Road Sute 101 Coconut Creck FL 33073
MGRM	Soci Dolines 13900 SW 104 Avenue. Midmi FL 33176
	SECRETAR ISTON OF C
(Use attachment if necessary)	AH II: 29
TICLE V: Effective date, if other that	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business dang.)
Signature of a n	nember or an authorized representative of a member.
constitutes an affirmation I am aware that any false	608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
distribution distribution and the contract of	Joel H. Dolinck Typed or printed name of signee
Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)