# P05000150035

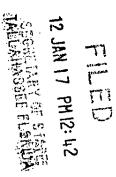
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





600215462826

**600215462826** 12/27/11--01038--023 \*\*60.00



NO News 1-17-12

### **COVER LETTER**

Division of Co	orporations		
SUBJECT:	DYL Develo	oment Manager, Inc	
		ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
		John Yanopoulos	
		Name of Person	
		Y Group	
		Firm/Company	<del></del>
	1	221 Brickell Ave #660	
		Address	
		Miami, FL 33131	
		City/State and Zip Code	
	john.y E-mail address: (	anopoulos@y-group.com to be used for future annual report not	ification)
For further information	concerning this matter, please		
	Dale Reed	at ( 305 )	769.3777
Name	of Person	Area Code & Dayti	me 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:

₹**TO**:

**Registration Section** 

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

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

ä

NAME OF CORPORATION: DC	11 Development Marager. Inc. 5000150035
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
	John Yanopoulos Name of Contact Person
·	Y Group Firm/ Company
1221	Brickey Ave. #Loco
_ Mio	City/ State and Zip Code
E-mail addre	s: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
Dale Reed	at ( 305 ) 769-3777
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Fili Certificate	of Status Certified Copy Certificate of Status (Additional copy is Certified Copy
eı	nclosed) (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporatio	Street Address  Amendment Section  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



January 5, 2012

JOHN YANOPOULOS DYL DEVELOPMENT MANAGER, INC. 1221 BRICKELL AVE #660 MIAMI, FL 33131

SUBJECT: DYL DEVELOPMENT MANAGER, INC.

Ref. Number: P05000150035

We have received your document for DYL DEVELOPMENT MANAGER, INC. and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

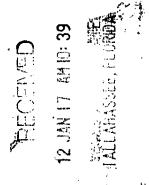
The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 712A00000211



# Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently	Oment Wiled with the Flori	da Dept. of State	1.In	<b>C</b> .
P050001500	135	0		
	of Corporation (if kn	own)		-
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Flor</i>	rida Profit Corporation add	opts the following	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:			
y Grave Dev	elopme	+ Maragi	U. Inc	·The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	vord "corporation," orp," "Inc," or "Co"	"company," or "incorpor '. A professional corporal	rated <sup>l,</sup> or the a	ubbreviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.		•		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	- - 			TO JAN 17 P
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address ed office address:	in Florida, enter the name	e of the	HID: 42
Name of New Registered Agent				
	(Florida street a	address)		
New Registered Office Address:		, Florida		_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		and accept the obligations	of the position	
			oj me posmon.	
Ciquatum of	Mary Domintored Amor	u if ahawaina		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
!) Change Add Remove			· .	
2) Change Add Remove				
3 ) Change Add Remove			·	
4) Change Add Remove				
5) Change Add Remove		·		
6) Change Add Remove		_		

attach addi	or adding additions tional sheets, if necess	sary). (Be specij	fic)			
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provisions	lment provides for a for implementing th	e amendment if n	ssification, or ca	incellation of iss the amendment	ued shares, itself:	
(if not a	applicable, indicate N	7A)				
				<u>.                                    </u>		
					· · · · · · · · · · · · · · · · · · ·	
	·					

The date of each amendment(s) ad	loption:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated Signature	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	M. Dali Reed
	(Typed or printed name of person signing)  Secretary
•	(Title of person signing)