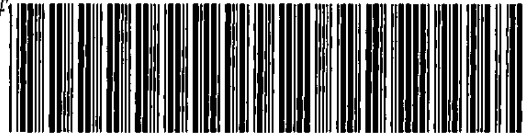


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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05/17/06--01044--005 \*\*25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2660 2ND LLC  
(Name of Limited Liability Company)

**FILED**

~~2006~~ MAY 17 P 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason M. Lazar, Esq.  
(Name of Person)

INVESTMENTS LIMITED  
(Firm/Company)

215 N. Federal Highway, Suite 1  
(Address)

Boca Raton, Florida 33432  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason M. Lazar at (561) 392-8920  
(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  
ARTICLES OF ORGANIZATION  
OF

FILED

2660 2ND LLC

700h MAY 17 P 4: 07

(Present Name)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

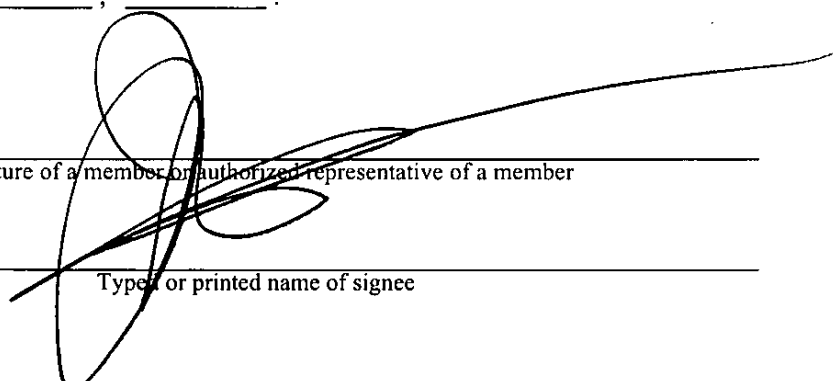
FIRST: The Articles of Organization were filed on 05/06/2005 and assigned  
document number L05000045152.

SECOND: This amendment is submitted to amend the following:

Change of Principal Address: 215 N. Federal Highway, Suite 1  
Boca Raton, Florida 33432

Change of Mailing Address: 215 N. Federal Highway, Suite 1  
Boca Raton, Florida 33432

Dated May 15, 2006

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Type or printed name of signee

Filing Fee: \$25.00