## 111000121283

Office Use Only



100218070851

01/30/12--01049--022 \*\*25.00

2012 JAN 30 AM 9: 32 SECRETARY OF STATES TALLAHASSEE, FLORIDA

> J. SAULSBERRY EXAMINER JAN 31 2012

13:37

5167414802

5167414802

P.002

P. 2

## COVER LETTER

		COVER LEI IER		
TO: Registration & Division of Co				
SUBJECT:		ates LLC ited Liability Company		
•	of Amendment and fee(s) are su	•	,	
	<del>-</del>	FEUER Name of Person		
		ASSOCIATES LLC		÷
! !	199 MAYI	Address	SECRE	2012 JAN 30
		PARK, N.Y. // City/State and Zip Code  4.ESE ADL. COM to be used for future annual report notifica	ASSEE.	JAN 30 AM S
For further information	II-mail address: (concerning this matter, please		SEURETARY OF STATES ALLAHASSEE, FLORIDA	M 9: 32
	FEUER of Person	at (516) 524-19 Area Code & Daytime T		
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	550.00 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

	. Associates LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on10/24/2	011 and as	signed	
Florida document number <u>L11000121283</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and end with the words "Li" L.L.C."	imited Liability Company," the	designation "LLC" or the	abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		SE AL	3	
		A CR	Chie	
		TAR IASS		
Enter new mailing address, if applicable:		3338 844 C	اب ا کا	
(Mailing address MAY BE A POST OFFICE BOX)		±	Z (1)	
		ORIDA	•	
		<del></del>	3	
B. If amending the registered agent and/or registered	office address on our reco		of the nev	
registered agent and/or the new registered office address h		· · · · · · · · · · · · · · · · · · ·	-	
Name of New Registered Agent:			<del></del>	
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
<del></del>	City	Zip Cod	le	

New Registered Agent's Signature, if changing Registered Agent:

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

MGR = Manager

DEC-02-2011 01:31 PM FEUER

MGRM = Managing Member

5167414802

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:

Title <u>Name</u> <u>Address</u> Type of Action MCR Feuer, Liga 5 Aber Terrace ☐ Add New City. NY 10956 X Remove MGR 199 Mayflower Ave. Feuer, Susan ∏ Add Williston Park, NY 11596 X Remove DDA 🔲 Remove Add Remove ∐Add Remove Add Remove SECRETARY OF STATE D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9: 32 DECEMPER Signature of a member or authorized representative of a member

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00