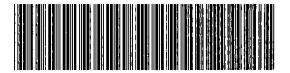
## L030000023412

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SECRETARY OF STATE

C. LEWIS

AUG - 4 2011

**EXAMINER** 

## **COYER LETTER**

TO: Registration Division of	n Section '' Corporations				
SURIECT:	MECHCAD	SOFTWARE LLC			
Name of Limited Liability Company					
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	r to the following:			
		ART SHELEST			
		Name of Person			
	MEC	CHCAD SOFTWARE LLC	,		
		Firm/Company			
	ISLAND CIT	TY CENTER 2550 NE 15TH A	AVE.		
		Address			
	FORT	LAUDERDALE, FL 33305			
		City/State and Zip Code			
	E-mail address:	to be used for future annual report notifica	ution)		
For further information	on concerning this matter, please	call:			
JEFF	REY SELZER, ESQ	at (	67-4444		
Nar	ne of Person	Area Code & Daytime 1	Celephone Number		
Enclosed is a check for	or 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		STREET/COURIED Registration Section Division of Corporate			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2011 AUG =8 AM 10: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## MECHCAD SOFTWARE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/23/2003 and assigned The Articles of Organization for this Limited Liability Company were filed on L03000023412 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ISLAND CITY CENTER 2550 NE 15TH AVE. Enter new principal offices address, if applicable: FORT LAUDERDALE, FL 33305 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: ISLAND CITY CENTER 2550 NE 15TH AVE. FORT LAUDERDALE, FL 33305 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: JEFFREY SELZER, ESQ Name of New Registered Agent: ISLAND CITY CENTER 2550 NE 15TH AVE. New Registered Office Address: Enter Florida street address FORT LAUDERDALE Florida City 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, Lhereby confirm that the limited liability company has been notified in writing of this change.

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Alexander Simanov	1219 Alexander Bend Weston, Fl. 33327	Add V Remove
MGRM	Lyudmila Simanov	1219 Alexander Bend Weston, FL 33327	Add  Remove
MGRM	Art Shelest	Island City Center 2550 NE 15th Ave Fort Lauderdale, FL 33305	Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
			AddRemove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessor	ary.)
 			2011 AUS = 3 SECRETARY ALLAHASS
Dated	JULY 29 ,	2011	AM 15: OF STAI
	_	iember or authorized representative of a member  ART SHELEST	Dm a
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00