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SECRETARY OF STATE
TALLAHASSEE, FLORIB

D. BRUCE

JAN 13 2009

**EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Score A	At The Top Wellingto	on LLC				æ
SOBSECT, STATES	(Name of Lim	ited Liability Company)		•		,
	Amendment and fee(s) are sub	· -				
	Judith Robinovitz			_		
		(Name of Person)		-		
	Score At The Top Wellin			-		
		(Firm/Company)				
	12008 South Shore Blvd	Suite 105		A SE	90	
		(Address)		<b>A</b> E	JA	E.
	Wellington, FL 33414		·	TARY ASSE	112	
		(City/State and Zip Code)		E P	3	THE A
For further information c	oncerning this matter, please c	call:	•	STATE	2: 53	<b>.</b>
Judith Robinovitz		at ( 561 ) 212-8555				
(Name of Person)		(Area Code & Daytime T	elephone Numb	er)		
		•				
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$		□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certifie	660.00 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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Score At The Top Wellington LLC		
(Name of the Limited Liability Co	ompany as it now appears on our records.) iited Liability Company)	
(11.00.44.2	moe zaemij odinpanj)	
The Articles of Organization for this Limited Liability Com	npany were filed on 09/05/2003	and assigned
Florida document number L03000033490	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation	n "LLC" or the abbreviation
"L.L.C."		<b>5</b>
Enter new principal offices address, if applicable:		75.09 0.00
(Principal office address MUST BE A STREET ADDRES	SS)	語をす
		AR SSI
		#9 <b>3</b> M
Enter new mailing address, if applicable:		12 12
(Mailing address MAY BE A POST OFFICE BOX)		ATE S
Training dual-too milit be in 1 too 1 to 1 to 2 to 1		
B. If amending the registered agent and/or registered	ed office address on our records, ente	r the name of the nev
registered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:		
110111101111011111111111111111111111111	(Enter Florida street	address)
	. Florida	
	(City)	(Zip Code)

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 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
Title Name

<u>Title</u>	Name	Address	Type of Action
MGRM	Jason Robinovitz	140 S Dixie Highway Apt 518 Hollywood, FL 33020	Add Remove
MGRM	Karen Robinovitz	259 W 10th Street Apt 6G New York, NY 10014	Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
·			Add Remove
			Add Remove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if nec	essary.)  ALLAHASSELLA
<del>-</del>			75 3 M
Dated Dece	ember 10	2008 D' ' + +	
	Signature of a	member or authorized representative of a member  z  Typed or printed name of signee	
		- \ L L	

Page 2 of 2

Filing Fee: \$25.00