## L04000085267

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2011 SEP 12 PH 12: 34
SECRETARY OF STATE
SHOWN AND SEFF FLORIDA

C. LEWIS

SEP 1 3 7811

EXAMINER

## COVER LETTER

TO: Registration S	Section orporations						
SUBJECT:	IKE BEHA	AR GROUP LLC					
	Name of Lim	ited Liability Company	<del></del>				
The enclosed Articles o	of Amendment and fee(s) are sul	bmitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
		ALAN A. BEHAR					
		Name of Person					
IKE BEHAR GROUP LLC							
		Firm/Company					
	760 W 84 STREET						
	Address						
HIALEAH, FL 33014							
City/State and Zip Code							
	alanbehar@ikebehar.com  E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please c	•	,				
ALAN A. BEHAR  Name of Person		at ( 305 ) 5	57-5212				
Name	or reison	Area Code & Daytime	reseptione 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

2011 SEP 12 PM 12: 34

IKI ( <u>Name of the Limited I</u> (A I	BEHAR C Liability Compar Plorida Limited L	GROUP LLC  Ly as it now appears  liability Company)	ΤΔΙΙ ΔΗ/	IARY OF STATE ASSEELFLORIDA		
The Articles of Organization for this Limited Lia Florida document number	bility Company			and assigned		
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the second seco	· ·	lity company here	:			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compan	y," the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applical	760 W 84 STREET					
<u>(Principal office address MUST BE A STREET</u>	ADDRESS)	HIALEAH, FL 33014				
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		760 W 84 STREET HIALEAH, FL 33014				
B. If amending the registered agent and/or registered agent and/or the new registered offi			r records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	ALAN A. BEHAR					
New Registered Office Address:	760 W 84 STREET					
	Enter Florida street address					
	<b></b>	IIALEAH	, Florida	33014		
		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 Hability company has been notified in writing of this change.

If Charging Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = Managing Member

**Title** <u>Name</u> **Address Type of Action** MGR **TUDOR ZURZ** 8532 252 ST ☐ Add BELLEROSE, NY 11426 ✓ Remove STEVEN BEHAR MGRM **760 W 84 STREET** ☐ Add ☐ Remove HIALFAH FL 33014 ACHANGE MGRM ALAN A. BEHAR 760 W 84 STREET \_ Add ∏Remove ∠ CHANGE HIALEAH, FL 33014 MGRM LAWRENCE BEHAR **760 W 84 STREET** Add Remove HIALEAH, FL 33014 DCHANGE ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ALAN A. BEHAR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00