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S. HAWKES
AUG 1 8 2009
EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co	ection rporations			
SUBJE	CT·	DR. ST	EEMER LLC.		
,			ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	eturn all corresp	ondence concerning this matter	to the following:		
			AVNIR ABAIEV		
			Name of Person		
			OR. STEEMER LLC.		
			Firm/Company		
		613	7 GARFIELD STREET		
			Address		
		НО	LLYWOOD FL. 33O24		
City/State and Zip Code					
		ASITE	RISH@BELLSOUTH.NET		
For furt	ther information	E ter all address: (1 concerning this matter, please c	to be used for future annual report not all:	iffication)	
				,	
		/NIR ABAIEV of Person	at (786)	399-8996 me Telephone Number	
	Traine	0.11613011			
Enclose	ed 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive (Tallahassee, FL.	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	R. STEEMER LLC.		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appear orida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	01/08/07	and assigned
Florida document number	<u>+</u> 000898		
This amendment is submitted to amend the followi	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company her	<u>e</u> : :	LLC" or the abbreviation
The new name must be distinguishable and end with the L.L.C."	ne words "Limited Liability Compa	ny," the designation "	LLC or the abbreviation
Enter new principal offices address, if applicabl	e:		
Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Fu	tan Flouida stuast ad	duann
	Enter Florida street address		
-	City	, Florida	Zip Code
	7		

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

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 ype of Action

Add
Remove **Address Title** Name MGR LIOR BAR 6137 GARFIELD STREET HOLLYWOOD FL. 33O24 ∏Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AVNIR ABAIEV - CHANGE FROM 50 UNITS TO 100 UNITS LIOR BAR - CHANGE FROM 50 UNITS TO 0 UNITS 07/20/09 Dated Signature of a member or authorized representative of a member AVNIR ABRITU

Page 2 of 2

Filing Fee: \$25.00