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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN



BOAZ DVIR, LLC

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EXAMINER

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ARTICLES OF AMENDMENT TO

ARTIC	CLES OF ORGANIZATI OF	
		ي و
BOAZ DVIR, LLC		on our records.)
(Name of the Limited)	Hability Company as it now appear Florida Lamited Liability Company)	son over records.) 2007 and assigned:
The Articles of Organization for this Limited Lia	ability Company were filed on 4/11	/2007 and assigned
lorida document number L07000039202	······································	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company ber	Ę
DOCS R US, LLC		
The new name must be distinguishable and end with L.L.C."	the words "Limited Lizhinty Compa	ry, the designation LLC of the anineviant
Enter new principal offices address, if applica	ble:	
<u>Principal office address MUST BE A STREE</u>	(ADDRESS)	
Enter new mailing address, if applicable:	water and the second se	
Mailing address MAY BE A POST OFFICE E	OX)	
3. If amending the registered agent and/o evistered agent and/or the new registered off		ur records, enter the name of the new
Name of New Registered Agent:	BOAZ DVIR	
New Registered Office Address: 1822 NW 6TH AVE		
	1.	ter Florida street address)
	GAINESVILLE	, Florida 32603
	(City)	(Zip Code)

New Resistered 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 Age Signorma of New Registered Agent)

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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 = Ma MGRM = M	tager lanaging Member		
<u>l'itle</u>	Name	Address	Type of Action
			Add Remove
 _			Add Remove
			Add Remove
			Add Remove
_			Add Removo
			Add Remove
). If arsend	ing any other information, enter	r change(s) bere: (Attach additional sheets, if necessary.)	SECRETARY OF COLORS
Dated DECE	MBER 9TH ,	2008	RY OF STATE CORPORATIONS 9 AM 8: 36
	Signature of C	member or uniforized representative of a member	

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