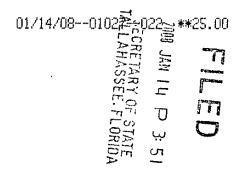


Special Instruction	
Certified Copies	(Document Number) Certificates of Status
	(Business Entity Name)
PICK-U	P WAIT MAIL
	(City/State/Zip/Phone #)
	(Address)
	(Address)
	(Requestor's Name)

Office Use Only





COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: NO	6ALIT LL((Name of Limit	ed Liability Company)			
	Amendment and fee(s) are subn	-			
Please return all correspon	idence concerning this matter to	o the following:			
	EMI	LEVHAR (Name of Person)			
•		(Name of Person)			
	NOGALI	T LLC (Firm/Company)		~	
		(Firm/Company)		200 SE	
	1101 S. ROG	ERS CIRCLE SI	JIT€ 12	2009 JAN I U P 3: 52 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
	BOCA RATION	F1 33487		6 F F F F F F F F F F F F F F F F F F F	
	150011 1311	[-1 33487. (City/State and Zip Code)		3.7.4 F.O.R.	O
For further information co	oncerning this matter, please ca	ıı:		52 10A	
EMI	LEVHAR	at (561) 999.01 (Area Code & Daytime	21		
(Name o	f Person)	(Area Code & Daytime	Telephone Number)	
			•		
Enclosed is a check for the	e following amount:				
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	d)

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

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on	8 2007 and assigned
Florida document number <u>L07000 48 9</u>		7
This amendment is submitted to amend the following	:	2000 JAN 14 SECRETARY ULLAHASSER
A. If amending name, enter the new name of the li	mited liability company here:	GF ST
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the d	esignation "LLC" of the abbreviation
Name of New Registered Agent: New Registered Office Address:		
	(Enter Flori	da street address)
<u></u>	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	and complete performance of my du agent as provided for in Chapter 60 cred office address, I hereby confirm	ties, and I am familiar with and 8, F.S. Or, if this document is
	(If Changing Registered Agent, Signati	ore 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

<u>11tte</u>	<u>Name</u>	Address	Type of Action
MGRM	UZI MAROM	1101 S. ROGERS G'RCLE SUITE 12 BOLA RATON FI 33487	Add Remove
M <u>GRM</u>	GUY LEUHAR	1101 S. ROGERS G'RGE SUITE 12 BOLA RATON, FI 33487	Add Remove
······			Add Remove
		SECRITARY OF STA	Add Remove
		ONIDA.	Add
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
Dated	gampary 10th, 20		
		or authorized representative of a member	——————————————————————————————————————
	EMI Le	or printed name of signee	
	J vnea i	or connect Dattie dr Sivilee	

Page 2 of 2

Filing Fee: \$25.00