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T. CLINE

AUG - 4 2008

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Cor				
SUBJE	ct: <u>Illse</u>	(Name of Limi	ited Liability Company)	<u></u>	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please a	eturn all correspon	ndence concerning this matter	to the following:	·	
		Alexander:	IIISEN (Name of Person)		
			(Firm/Company)		
		5550 N.E.	28 ⁴ Avenue (Address)		
		Ft. Lauderdo			arns V
For furt	her information co	oncerning this matter, please ca			S Free
<u> A</u> 1	exande (Name o	R Illsen	at <u>954) 491–914</u> (Area Code & Daytime 1	12 Celephone Number)	y S.
Enclose	d is a check for th	e following amount:			
\$25.	00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose	:d)
	•	NG ADDRESS:	STREET/COURIER Registration Section	ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·TIlse	n, LLC.		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now app Limited Liability Company	ears on our records.) /)	
The Articles of Organization for this Limited Liability (_	u aa 07	and assigned
Florida document number <u>L07000065895</u>	<u>.</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company b	<u>iere</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Con	npany," the designation '	'LEC", or the abbreviation
Enter new principal offices address, if applicable:			5
(Principal office address MUST BE A STREET ADD	RESS)		
			The state of the s
Enter new mailing address, if applicable:			- 08 - 17 - 08
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street a	ddress) ·
<u>:</u>	((****.)	, Florida	(Zip Code)
	(City)		(Zip Coae)

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.

	the Managers or Managing Members on our records, enter the title, name, and a Member being added or removed from our records:	ddress of each Manager
MGR = Man MGRM = Ma	nager anaging Member	
Title	<u>Name</u> <u>Address</u>	Type of Action
mgrm	Lubow Ilisen Revocable Trust 5550 N.E. 28th Avenu Fr. Lauderdale 1 FL 333	e ☐ Add OK ➡ Remove
<u>mgrm</u>	Alexander IIIsen Trust 5550 N.E. 28th A. Ft. Lauderdale, FL 333	UNU Add BOS TRemove
		Add Remove
		Add
·		Add Remove
D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessa	
		· · · · · · · · · · · · · · · · · · ·
Dated	Signature of a member or authorized representative of a member	
-	Alexander IIISEN Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00