Florida Department of State Division of Corporations

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(((H09000238589 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

NOV 1 2 2009

From:

Account Number : 120000000019

Phone Fax Number : (305)552-59/3 : (305)220-1440

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AVATAR SOLUTIONS L.L.C.

Certificate of Status 0 Certified Copy 0 Page Count 03 **Estimated Charge** \$25.00

Electronic Filing Menu

Corporate Filing Menu

H09000238589

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUATAR SOLUTIONS L.L.C.				
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
Th:	Articles of Organization for this Limited Liability Company were filed onand assigned			
Flo	da document number 1 0 7 0000 7 2 00 7			
Thi	amendment is submitted to amend the following:			
A.	f amending name, enter the new name of the limited liability company here:			
Thi	new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation .C."			
En	er new principal offices address, if applicable:			
Œ!	ncipal office address MUST BE A STREET ADDRESS)			
	er new mailing address, if applicable: uiling address MAY BE A POST OFFICE BOX)			
B, Ľi;	If amending the registered agent and/or registered office address on our records, enter the name of the new istered agent and/or the new registered office address here:			
	Name of New Registered Agent:			
	New Registered Office Address: (Enter Florida street address)			
	. Florida			
	(City) (Zip Code)			
11	W Registered Agent's Signature, if changing Registered Agent:			
1	and the same of th			

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

FROM :LAZARUS

FAX NO. :3052201440

Nov. 10 2009 01:13PM P3

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amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager Managing Member being added or removed from our records:

IGR = Manager IGRM = Managing Member				
<u>itle</u>	Name	Address	Type of Action	
	*		Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
**************************************			Add	
— <u>————————————————————————————————————</u>			Add Remove	
		inge(s) here: (Attach additional sheets, if necessary) OVINCENO TO MGR. INCENO TO DIRECTOR		
-	Ditted 11/10/09 Signature 7 Signature of 6 mem	ber or authorized representative of a member	O9 NOV 1	

Filing Fee: \$25.00

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