

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

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KATZ EMBROIDERY, LLC

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KATZ EMBROIDERY, LLC

TO

ARTICLES OF ORGANIZATION **OF**

(Name of the Limite	A Florida Limited Liab	pility Company)	<u>ur 1ectirus.</u>)
The Articles of Organization for this Limited l	Liability Company we	ere filed on 09-25-200	or and assigned
Florida document number L07000097855			
This amendment is submitted to amend the following	llowing:		THE SET OF LAND ASSESSED.
			全 で し
A. If amending name, enter the new name	of the limited liabilit	y company here:	25.55 Q (1
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited	Liability Company," th	le designation "LLC" of the abbragation
Enter new principal offices address, if appli	icahler		
	_		7
(Principal office address MUST BE A STRE	<u>El ADDRESSI</u>		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE	E BOX)		
		•	
	_		
B. If amending the registered agent and		e address on our re	cords, enter the name of the new
registered agent and/or the new registered of	office address here:		
Name of New Registered Agent:	CLAUDIA KATZ		
New Registered Office Address:	19575 STATE R	D 7	
Now Magazines of Med Mad 1885.	(Enter Florida street address)		
	BOCA RATON		_, Florida 33498 (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, If changing	Registered Agent:		·
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	proper and complete gistered agent as pro e registered office ac	e performance of my wided for in Chapter Idress, I hereby confi	duties, and I am familiar with and 608, F.S. Or, if this document is

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

If amendin or Managi	g the Managers or Managing Men ng Member being added or remov	mbers on our records, enter the title, name, and ed from our records:	d address of each Manager 19000197213 3
MGR = M: MGRM = 1	anager Managing Member	$\mathcal{H}^{\mathcal{H}}$	1000111210
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	RON KATZ	1566 NEWHAVEN POINT LANE WELLINGTON FL 33411	Add Remove
	······································		
, 			Add Remove
			Thomas C
-		,	Add Remove
		change(s) here: (Auach additional sheets, if nece	ssary.)
<u>CI</u>	AUDIA KATZ, 19575 STATE RD 7	BOCA RATON FL 33498	
· _			
Dated SEP	TEMBER 8TH, 2009 Click Signature of a n	nember or authorized représentative of a member	
		1	

Typed or printed name of signee
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