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C. LEWIS

JUN 2 7009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	tion orations
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	JASON COBEN Name of Person
	COBEN ENTERPRISES Firm/Company
	2519 N OCEAN BLVD # 116 Address
	BOCA RATON FL 33431 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information cor	cerning this matter, please call:
DASON Name of F	COBEN at (954) 33 0 · 6698 Person Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount: \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED

2009 JUN - 1 PM 2: 30

		2007	00
COBEN ENTER	PRISES	ددر و	RETARY OF STATE
(Name of the Limited Liability Compar (A Florida Limited L	<u>y as it now appears</u> iability Company)	on our records	RETARY OF STATE AHASSEE, FLORIDA
•	1 1		•
The Articles of Organization for this Limited Liability Company	were filed on	10/16/07	and assigned
Florida document number <u>LØ7ØØ1Ø47</u> S3			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	: ·	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	2519 N	OCEAN	BLUD # 116
(Principal office address MUST BE A STREET ADDRESS)		ATON, FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	^\ SAM	NE AS A1	3∞€ "
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		_	
	. Ente	r Florida street addr	ess
	. 	, Florida	
	City		Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

<u>e</u>	Managing Member <u>Name</u>	<u>Address</u>	Type of Actio
E	Name	Address	Type of Actio
			Add
			Remove
			
			Add
			Remove
			
			Add
			Remove
	***		Add
			Remove
			Add Remove
			AddRemove
famen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if neces.	sary.)
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<u></u>	AY 26th , 20	> <u>0</u> 1.	•
		/(
	Signature of a member	or authorized representative of a member	72.0
	1	TIESAL COROLL	2009.
		JYZON COIZEN	
	Турей	JASON COBEN or printed name of signee	AM S
		Page 2 of 2	SECRETARY
			RETARY OF STA