

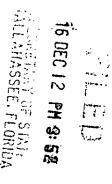
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## **COVER LETTER**

	ion Section of Corporations
	326 CONSULTING LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	prespondence concerning this matter to the following:
	SAMUEL SALAMA
	Name of Person
	MDS26 CONSULTING LLC
	Firm/Company
	3389 SHERIDAN STREET SUITE 310
	Address
	HOLLYWOOD FL 33021
	City/State and Zip Code
	SSALAMA@CHARFAYA.COM
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
SAMUEL SALAN	786 423-2353 at ( )
١	at () Name of Person
Enclosed is a check	k for the following amount:
■ \$25.00 Filing I	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION **OF**

### MDS26 CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	1 Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number LO70000114463	y were filed on 11/13/2007	and assigned
This amendment is submitted to amend the fellowing:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered entered agent and/or registered entered agent.	office address on our records on	ASSET COMPANY THE PARTY OF THE
registered agent and/or the new registered office address he	re:	
Name of New Registered Agent:		**
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>3</u>	

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SUSANA L KENIGSBERG	3340 SW 59TH STREET	■ Add
		HOLLYWOOD FL 33312	Remove
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Filing Fee: \$25.00