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SECRETARY OF STATE

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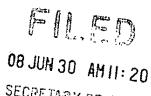
Division of Corporations				
SUBJECT: GARBER CCTV LLC (Name of Limited Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Tim Allen (Name of Person)				
Richard A. Aronsky P.A. (Firm/Company)				
16850 Collins Avenue, Suite 105				
SLANNY Isles Beach, FL 33160 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Tim Allen at 305) 692-5307 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status 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 TO ARTICLES OF ORGANIZATION OF



(Zip Code)

(Name of the Limited Liability Compan (A Florida Limited L	SECRETARY OF STATE TALLAHASSEE FLORIDA (ability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LOSOOOOS122</u>	were filed on 1-22-2008 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1005 Kave Concourse Suite # 217 Bay Harbor Islands, FL 33154		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1005 Kave Concourse Suite # 217 Bay Hurbour Islands, FL33150		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address)		

New Registered Agent's Signature, if changing Registered Agent:

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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.

(City)

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

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary)	_ S S	
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Dated		·		
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	Signature of a member of	r authorized representative of a member		
	ANATOLY	GARBER r printed name of signee		

Page 2 of 2

Filing Fee: \$25.00