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T. CLINE

JUL 20 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT: J =	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ondence concerning this matter to the following:	
	Peter Weitz Name of Person	
	J Street Capital LLC Firm/Company	
	301 YAMATO Road #2195	
	BOCA Raton FL 33431 City/State and Zip Code Peter 6 15treet capital. Com E-mail address: (to be used for future annual report notification) FINAL PROPERTY OF THE PROPERTY	T
For further information c	concerning this matter, please call:	
Peter	weitz at (561) 843-4678 Area Code & Daytime Telephone Number	فمسدة
Name o	of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
\$25.00 Filing 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 TO ARTICLES OF ORGANIZATION OF

7 street	capital, LLC	-
. (Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L08000145</u>		ary 8, 2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		ZOGO J
(Principal office address MUST BE A STREET ADI	ORESS)	76
		RAY OF S
Enter new mailing address, if applicable:		ST. 7. 2
(Mailing address MAY BE A POST OFFICE BOX)		15. Ott. 7
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
		. 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

	g the Managers or Managing Members g <u>Member being added or removed fro</u>	s on our records, <u>enter the title, name, and</u> o <u>m our records</u> :	address of each Manager
MGR = Mai MGRM = M	nager Ianaging Member		
Title	<u>Name</u>	Address	Type of Action
MG RM	refere Weitz	301 yamato Road SUILE 2195 BOUR RATON FL 3343/	Add Remove
MGR	Paul Guidetti	4613 N UNIVERSITY DT #1971 Coral Springs FC 33065	Add Remove
M <u>GRM</u>	Cory Casden	301 YAMATO ROAD Suite 2195 ODEA RATIO FL 33431	Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	SECTE ARRY (Actor) Actor Actor
Dated	July 19 , 200 Signature of a member	er or authorized representative of a member	
	Typed	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00