

LD8000015281

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

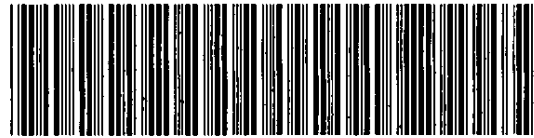
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JUL 29 2008

EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAST WEST PRECIOUS METALS, 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:

**Ainslee R. Ferdie, Esq.**

\_\_\_\_\_  
(Name of Person)

**Ferdie and Lones, Chartered**

\_\_\_\_\_  
(Firm/Company)

**717 Ponce de Leon Boulevard, Suite 223**

\_\_\_\_\_  
(Address)

**Coral Gables, Fl. 33134**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Ainslee R. Ferdie**

\_\_\_\_\_  
(Name of Person)

at ( **305** **445-3557** )  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
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**

EAST WEST PRECISOUS METALS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/12/2008 and assigned  
Florida document number L08000015281.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

36 N.E. 1st Street, Suite 900

Miami, Fl. 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

36 N.E. 1st Street

Miami, Fl. 33132

**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:

Ainslee R. Ferdie, Esq.

New Registered Office Address:

717 Ponce de Leon Boulevard, Suite 223

Coral Gables, Fl. 33134

*(Enter Florida street address)*

Coral Gables

Florida

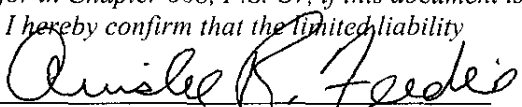
33134

*(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

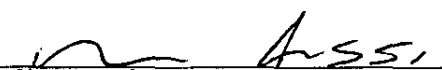
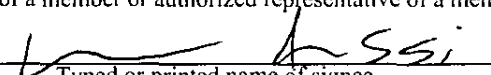
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Linton Hinds	36 West 47th Street Suite 500 New York, N.Y. 10036	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager	Kevin Capote	11249 S.W. 111 Street Miami, Fl. 33176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Manager is at will and not a Member and the Member reserves the right to discharge the Manager at any time. The Manager's authority will be defined by a separate operating agreement.

Dated July 21, 2008 ,

  
 Signature of a member or authorized representative of a member  
 Roni Amrussi  
  
 Typed or printed name of signee