

L080000017881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

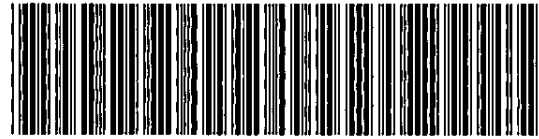
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

09 JAN 12 AM 10:50

DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 JAN 12 PM 12:48

DEPT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JAN 12 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 854122 7634819
AUTHORIZATION : *Squibb/Levan*
COST LIMIT : \$ 25.00

ORDER DATE : January 9, 2009
ORDER TIME : 4:36 PM
ORDER NO. : 854122-005
CUSTOMER NO: 7634819

FILED
09 JAN 12 PM 12:48
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: SALES EXPERT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SALES EXPERT, 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 02/19/2008 and signed
Florida document number L08000017881

FILED
09 JAN 12 PM 12:18
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: 202 Watchung Ave
(Principal office address MUST BE A STREET ADDRESS) Plainfield NJ 07060

Enter new mailing address, if applicable: 202 Watchung Ave
(Mailing address MAY BE A POST OFFICE BOX) Plainfield NJ 07060

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)

_____, 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)

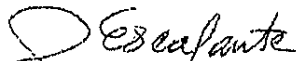
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input 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.)

Dated 9 FEBRU, 2009.



Signature of a member or authorized representative of a member

PAVEL ESCALANTE

Typed or printed name of signee