

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : IZ0060000012

: (305)826-5886 Phone Fax Number : (305)722-0535

## **© AMND/RESTATE/CORRECT OR M/MG RESIGN**

## SEFARAD PUBLISHING HOUSE LLC

| Certificate of Status | 0       |
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| Certified Copy        | . 0     |
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J. BRYAN

SEP 19 2008

**EXAMINER** 

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SEFARAD PUBLISHING HOUSE LLC  |  | F. 70.                          |
|---|--|---------------------------------|
| (Name of the Limited Liabil<br>(A Florid  | lity Company as it now appears on our recor<br>la Limited Liability Company) | ds.) 90 PP                      |
| The Articles of Organization for this Limited Liability   | Company were filed on 04/29/2008   | and assigned                    |
| Florida document number L08000042833  | <del></del>  |                                 |
| 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 v   | words "Limited Liability Company," the design                                | ation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:   |  |                                 |
| (Principal office address MUST BE A STREET AD)  | DRESS)   |                                 |
|   |  |                                 |
| Enter new mailing address, if applicable:   |  |                                 |
| Mailing address MAY BE A POST OFFICE BOX  | <u>-</u>   |                                 |
|   |  |                                 |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad |  | enter the name of the new       |
| Name of New Registered Agent:   |  |                                 |
|   |  |                                 |
| New Registered Office Address:  | (Enter Florida sti   | reet address)                   |
|   |  | ida                             |
|   | (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)

3057220535

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 = Mai<br>MGRM = M | nager<br>Ianaging Member               |   |                                    |
|-----------------------|--|---|------------------------------------|
| <u>Title</u>          | Name                                   | Address   | Type of Action                     |
| MGRM                  | ADIS HAYYIM                            | 2981 SW 156 AVE<br>DAVIE, FL 33331                      | Add Remove                         |
|                       |  |   | Add Remove                         |
|                       | ······································ |   | Add Remove                         |
|                       |  |   | Add<br>Remove                      |
|                       |  |   | Add<br>☐ Remove                    |
|                       |  |   | Add<br>Remove                      |
| D. If amend           | ling any other information, enter cha  | inge(s) here: (Attach additional sheets, if necessary.) | SECRETARY OF STORYUSION OF CORPORA |
| Dated SEPT            | EMBER 17TH                             | D   | STATE<br>RATIONS<br>8: 1.1<br>     |
|                       | Signature of a mem                     | ber or authorized representative of a member            | · · · · ·                          |

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