

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : GM FINANCIAL GROUP
 Account Number : I19980000102
 Phone : (954) 428-8899
 Fax Number : (954) 428-6699

08 AUG - 1 AM 10:17

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 DIVISION OF CORPORATIONS
 FLORIDA

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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G. MCLEOD
 AUG - 4 2008
EXAMINER

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

08 AUG - 1 AM 10:17

(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 5/16/08 and assigned Florida document number L08000049528.

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)

350 Camino Gardens Blvd Suite 106
Boca Raton FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

350 Camino Gardens Blvd Suite 106
Boca Raton FL 33432

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:

STEVEN KOIFMAN

New Registered Office Address:

350 CAMINO GARDENS BLVD

(Enter Florida street address)

BOCA RATON

Florida

33498

(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)

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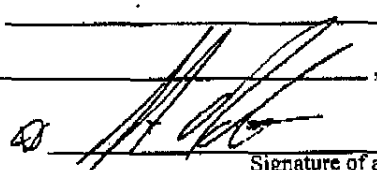
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| Title | Name | Address | Type of Action |
|-------|-----------------|---|--|
| MGR | Jennifer Romano | 10594 Chest Key Dr Boca Raton FL 33498 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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