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J. BRYAN

JUN 27 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOWER POINT USA 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:

GREGORY FISHMAN
(Name of Person)

FELDMAN AND VAN DER VLUGT
(Firm/Company)

1111 KANE CONCOURSE, STE. 200
(Address)

BAY HARBOR, FLORIDA 33154
(City/State and Zip Code)

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For further information concerning this matter, please call:

GREGORY FISHMAN at (305) 865-5716
(Name of Person) (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

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08 JUN 26 AM 11:49
DIVISION OF CORPORATIONS

TOWER POINT USA 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 MAY 28, 2008 and assigned Florida document number L08000052460.

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: 3000 Island Blvd., #704
Aventura, FL 33180
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 3000 Island Blvd., #704
Aventura, FL 33180
(Mailing address MAY BE A POST OFFICE BOX)

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: ATRIUM REGISTERED AGENTS, INC.
New Registered Office Address: 1500 SAN REMO AVE., SUITE 125
(Enter Florida street address)
CORAL GABLES, Florida 33146
(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>
MGRM	MOSHE KHOUDARI	17017 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CILIA FISHMAN	17017 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JONATHAN KUDARY	17017 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CILIA FISHMAN	17017 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JONATHAN KUDARY	17017 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GREGORY FISHMAN	17017 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JUNE 24, 2008.

Cilia Fishman

Signature of a member or authorized representative of a member

CILIA FISHMAN

Typed or printed name of signee

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