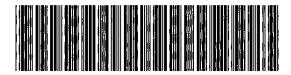
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(Re	equestor's Name)	,		
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DIVISION OF CORPORATION

09 JAN -5 AM 8: No

J. BRYAN

JAN -6 2009

EXAMINER

· COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Secured RARITIES 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:
Walter Rubin (Name of Person)
Secureo RARITIES LLC (Firm/Company)
902 Chint Moore ROAD, Ste 124
BOCA RATON, FLORIDA 33487 (City/State and Zip Code)
For further information concerning this matter, please call:
WALTER RUGIN at (561) 995 - 2529 or 561-414-3301 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \tag{ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**



iability Company as it now appears Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	June 1	1 <u>, 2008 </u>	_ and assigned
Florida document number <u>L08000059397</u> .			
This amendment is submitted to amend the following:			

A. If amending name, enter the new name of the limited liabiled Secured RAR	
The new name must be distinguishable and end with the words "Limit" L.L.C."	_
Enter new principal offices address, if applicable:	Congress Corporate Plaza
(Principal office address MUST BE A STREET ADDRESS)	902 CLINT Moore ROAD Ste 124 BOCA RATON, FLORIDA 33487
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Congress Corporate PLAZA 902 CLINT MOORE ROAD Ste 124 BOCARATON, FLORIDA 33487

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: INT HOORE KOAO Ste 124,
(Enter Florida street address) New Registered Office Address:

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>	Address	Type of Action		
·····			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
<u></u>			Add Remove		
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	,		
_			SECRE DIVISION		
			PARE -		
			EU (OF STATE ORPORATION		
Dated	1/2/09	·	AH 8: 14		
	WALLER RUB	er or authorized representative of a member od or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00