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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAY - 4 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Zeitlin I		nited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Zeitlin		
		(Name of Person)	
	`	(Firm/Company)	
	7840 NW 62nd Street		
		(Address)	
	Miami, FL 33166	<u> </u>	
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
David Zeitlin		at (_248) 891-0495	
(Name	of Person)	(Area Code & Daytime T	'eleptione Number)
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zeitlin industrial, L.L.C.			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on November 3, 2008	and as	signed
Florida document number L08000102789			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Zeitlin Industrial Supply, L.L.C.			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable:	7840 NW 62nd Street	09	SEVIC
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33166	A	CRE_
		<u> </u>	SAF SAFE
Enter new mailing address, if applicable:	7840 NW 62nd Street	PH 3	ED Y OF ST
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33166	03	ATE .
			कि
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name o	of the new
Name of New Registered Agent:			
New Registered Office Address:			 -
	(Enter Florida street a	ddress)	
	, Florida	(Zip Cod	J-\
	(City)	(Zip Cod	1e)

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:

<u> </u>	<u>Name</u>	Address	Type of Action
			= • • • • • • • • • • • • • • • • • • •
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			Add Remove
			Remove
). If amer —	nding any other information, ent	er change(s) here: (Attach additional sheets	SECRETA OPMAY OF MAY OF MAY
			FILED STATE RETARY OF STATE N OF CORPORATION Y - PM 3: 03
Dated	Jp+11277	7009.	ATE ATTIONS # 03
	Signature of	a member of authorized representative of a mem	iber

Page 2 of 2

Filing Fee: \$25.00