

**L08000113750**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FISCH DUBIN & ASSOCIATES, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 11 2009

EXAMINER

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FISCH DUBIN & ASSOCIATES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 12-12-2008 and assigned  
Florida document number L08000113750.

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)

10151 DEERWOOD PARK BLVD  
Building 200 Suite 250  
Jacksonville, FL 32256

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

10151 DEERWOOD PARK BLVD  
Building #200 Suite 250  
Jacksonville FL 32256

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(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         | ALON FISCH  | 10151 DEERWOOD PARK BLVD,<br>BLDG. 200, #250<br>JACKSONVILLE, FL 32256 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |             |                                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |                                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |                                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |                                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |                                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated

12-9-

2009

Signature of a member or authorized representative of a member

Alon Fisch

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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