L08000H15196

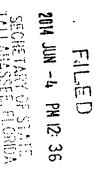
(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





700260042457

05/12/14--01043--011 **25.00



KEITH D. SILVERSTEIN

Professional Association

1177 Kane Concourse - Suite 230
Bay Harbor Islands, Florida 33154
Admitted in New York, Florida,
Massachusetts & Connecticut

Telephone (305) 868-0200 Telecopier (305) 868-1045 keith.silverstein@gmail.com

May 8, 2014

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

Re:

Cellutrack International, LLC Filing of Article of Amendment

Dear Sir/Madame:

This office represents the above referenced entity, **CELLUTRACK INTERNATIONAL**, **LLC**. On behalf of our client, enclosed for filing please find an Articles of Amendment to Articles of Organization for "CELLUTRACK INTERNATIONAL LLC".

Also enclosed please find a check payable to the Florida Department of State in the amount of \$25.00 to cover the filing fees. Kindly stamp the enclosed copy of this correspondence and return to this office in the enclosed self-addressed postage paid envelope.

If you have any questions, please feel free to contact me at the above number.

Very truly yours,

KEITH D. SILVERSTEIN, P.A.

Keith D. Silverstein

Encl.

COVER LETTER

TO:

Registration Section

Division of Corporations			
CUBICT.	Cellutrak In	ternational, LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Keith D. Silverst	ein, Esq.	
		Name of Person	
	Keith D. Silverste	ein, P.A.	
		Firm/Company	
	1177 Kane Conc	ourse, Suite 230	
		Address	
	Bay Harbour Isla	inds, Florida 33154	
	keith.silverstein@	City/State and Zip Code	
		o be used for future annual report notificati	on)
For further information of	concerning this matter, please ca	all:	
Keith D. Silverst	ein	305 868-0200	
Name of Person		Area Code & Daytime Te	elephone Number
Enclosed is a check for t	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)
Regisi Divisi P.O. E	LING ADDRESS: rration Section on of Corporations dox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle



May 21, 2014

KEITH D. SILVERSTEIN, P.A. 1177 KANE CONCOURSE-SUITE 230 BAY HARBOR ISLANDS, FL 33154

SUBJECT: CELLUTRAK INTERNATIONAL LLC

Ref. Number: L08000115196

We have received your document for CELLUTRAK INTERNATIONAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must be listed exactly as it appears on DOS records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 814A00011003

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 JUN -4 PH 12: 36

SECHETARY OF STATE TALLAHASSEE, FLORIDA

Cellutrak International 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	December 18, 2008	and assigned
Florida document number L08000115196	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Co	ompany," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or regregistered agent and/or the new registered office a	•	on our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addr	ess
	City	, Florida	Zip Code
	City		zip Coae

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 60%, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ariad Sommer	1700 NW 64 Street, Ste 100	Add
		Fort Lauderdale, FL 33309	Remove
MGR	Howard Fetter	6700 Cote de Liesse, Suite 402	Add
		Saint-Laurent, Quebec H4T 2B5	Remove
MGRM	Nehemya Zamosh	12775 Hyland Circle	Add
		Boca Raton, FL 33428	Remove
MGRM	Mosche Finkel	1021 SW 156 Ave.	Add
		Pembroke Pines, FL 33027	Remove
			Remove
			Add
			Remove

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	May 31 2014
Dated	May 31, 2014 Signature of a member or authorized representative of a member KEITH A. SWEASTEN, ESQ., As AUTHORIZED REPRESENTANCE Typed or printed name of signed
	KEITH S. SWELSTEN, ESQ., AS AUTHORIZES REPRESSIONWE Typed or printed name of signed
	Page 3 of 3

Filing Fee: \$25.00

FILED PH 2: 36