

# LD8000115196

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(Requestor's Name)

\_\_\_\_\_  
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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
2014 JUN - 4 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUN - 4 2014

Law Offices Of  
**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  
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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.

By:   
Keith D. Silverstein

Encl.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cellutrak International, 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:

Keith D. Silverstein, Esq.

Name of Person

Keith D. Silverstein, P.A.

Firm/Company

1177 Kane Concourse, Suite 230

Address

Bay Harbour Islands, Florida 33154

City/State and Zip Code

keith.silverstein@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith D. Silverstein

Name of Person

305 868-0200

at ( )

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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 PM 12: 36**  
**SECRETARY 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 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(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:**

\_\_\_\_\_

**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 605, 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>
MGR	Ariad Sommer	1700 NW 64 Street, Ste 100	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input type="checkbox"/> Remove
MGR	Howard Fetter	6700 Cote de Liesse, Suite 402	<input checked="" type="checkbox"/> Add
		Saint-Laurent, Quebec H4T 2B5	<input type="checkbox"/> Remove
MGRM	Nehemya Zamosh	12775 Hyland Circle	<input type="checkbox"/> Add
		Boca Raton, FL 33428	<input checked="" type="checkbox"/> Remove
MGRM	Mosche Finkel	1021 SW 156 Ave.	<input type="checkbox"/> Add
		Pembroke Pines, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 31, 2014

*Keith A. Silverstein, as authorized representative*  
Signature of a member or authorized representative of a member

KEITH A. SILVERSTEIN, ESQ., AS AUTHORIZED REPRESENTATIVE  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
2014 JUN -4 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA