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SOUTH FLORIDA
TALLAHASSEE, FLORIDA

J. Shivers MAY 20 2014

————— *Law Offices Of* —————
KEITH D. SILVERSTEIN
————— Professional Association —————

1177 Kane Concourse - Suite 230
Bay Harbor Islands, Florida 33154
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Massachusetts & Connecticut

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May 8, 2014

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

Re: Cellutrack, LLC
Filing of Article of Amendment

Dear Sir/Madame:

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

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By: 
Keith D. Silverstein

Encl.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cellutrack 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 L08000115213.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Cellutrack USA, LLC

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 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>
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

14 MAY 12 PM 10:23
TALLAHASSEE, FLORIDA

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

Dated May 8, 2014.

Keith D. Silvestre, as authorized representative
Signature of a member or authorized representative of a member

KEITH D. SILVESTRE, ESQ., AS AUTHORIZED REPRESENTATIVE
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 MAY 12 AM 10:08
STATE OF FLORIDA
TALLAHASSEE, FLORIDA