

LD9000005455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

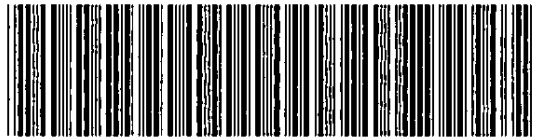
Special Instructions to Filing Officer:

L. SELLERS

JUN - 1 2009

EXAMINER

Office Use Only



600156552976

05/29/09--01027--009 **25.00

FILED

09 MAY 29 AM 8:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHECK 21.COM 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:

Ido Meros

Name of Person

Firm/Company

3389 Sheridan Street - Suite 503

Address

Hollywood, FL 33021

City/State and Zip Code

ido.meros@check21.com

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

For further information concerning this matter, please call:

Ido Meros

Name of Person

at (954) 605-0003
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

CHECK 21.COM 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 1/16/2009 and assigned
Florida document number L09000005455.

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: 3389 Sheridan Street - Suite 503
(Principal office address **MUST BE A STREET ADDRESS**) Hollywood, FL 33021

Enter new mailing address, if applicable: 3389 Sheridan Street - Suite 503
(Mailing address **MAY BE A POST OFFICE BOX**) Hollywood, FL 33021

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: Ido Meros

New Registered Office Address: 3389 Sheridan Street - Suite 503

Enter Florida street address

Hollywood, Florida 33021
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.

Ido Meros
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF COUNTY OF DADE
TALLAHASSEE, FLORIDA

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:

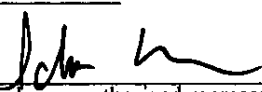
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ginzburg, Mike	1440 Coral Ridge Drive Suite 366 Coral Springs, FL 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Elisha, Adam	1440 Coral Ridge Drive Suite 366 Coral Springs, FL 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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 3, 2009



Signature of a member or authorized representative of a member

Ido Meros

Typed or printed name of signee

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 09 MAY 29 AM 8:22
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA