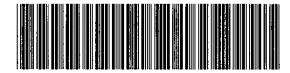
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COVER LETTER

Division of Cor	porations		
SUBJECT: SLAM (GLOBAL, LLC		
SOBOLCI.		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	•	<u> </u>	
	D 1 (A 77)	.	
	Robert A. Korren, l	Esq. (Name of Person)	
		(Name of Ferson)	
	Robert A. Korren, I	PLLC	
		(Firm/Company)	
	1 Barker Avenue, S		
		(Address)	
	White Dleine New	Vorle 10601	
	White Plains, New	(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
	, , , , , , , , , , , , , , , , , , ,		
Robert A. Korren,	Esa.	at () (914) 948-11	88
	of Person)	at () (914) 948-11 (Area Code & Daytime To	elephone Number)
England in a shoot for th	C-11		
Enclosed is a check for the			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &
	Commente of Buttus	(additional copy is enclosed)	Certified Copy
	•		(additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Li (A F	SLAM GLC ability Companiorida Limited Lin	DBAL, LLC y as it now appears on our recordability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liab Florida document number <u>L09000011455</u>	ility Company v	were filed on February 4, 200	99 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne <u>limited liabil</u>	ity company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	ed Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		1121 Holland Drive, Suite 16	
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33487	
Enter new mailing address, if applicable:		1121 Holland Drive, Suite 16	
(Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, FL 33487	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	e address here		· · · · · · · · · · · · · · · · · · ·
	Boca Raton		la 33487
		(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.

/S/ WALTER H. RUBIN
(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

MGKN	I = Managing Member				
<u>Title</u>	<u>Name</u>		Address	Type of Ac	<u>tion</u>
				Add Remove	
				Add Remove	
				Add Remove	
	-			Add Remove	
				Add Remove	
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D. If ar	mending any other infor	mation, enter change((s) here: (Attach additional sheets, if necessar		
				ARASSI S	
Datad	March 4	, 2009		H 10: 55	in and
Dated _	iviaich 4		 ·		
	/S/ WALTER				
			or authorized representative of a member		
	Wa	alter H. Rubin Typed on	r printed name of signee		

Page 2 of 2

Filing Fee: \$25.00