

Division of Corporations

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**L09000012971**Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SIMON & SIMON P.A.  
Account Number : 072720000232  
Phone : (305) 670-6750  
Fax Number : (305) 670-6776

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2009 AUG 19 AM 8:48  
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****980 NORTH FEDERAL ACQUISITION GROUP, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**C. LEWIS**  
AUG 20 2009  
**EXAMINER**

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2009 AUG 19 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA980 NORTH FEDERAL ACQUISITION GROUP, 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 02/09/2009 and assigned  
Florida document number L09000012971.

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*

City, Florida 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

Gary P. Simon  
9500 S. Dadeland Blvd., Suite 708  
Miami, Florida 33156-2849  
305-670-6750 Fla Bar No. 184309

H09000185004 3

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:

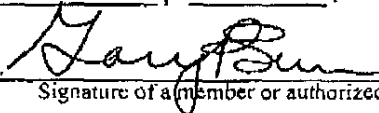
MGR = Manager

MGRM = Managing Member

| Title | Name             | Address                                                            | Type of Action                                                             |
|-------|------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| MGR   | MARC A. OSHEROFF | 16400 NW 2nd Avenue, Suite 203<br>North Miami Beach, Florida 33169 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                  |                                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                  |                                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                  |                                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                  |                                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                  |                                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated AUGUST 19, 2009



Signature of a member or authorized representative of a member

GARY P. SIMON

Typed or printed name of signee

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Gary P. Simon  
9500 S. Dadeland Blvd., Suite 708  
Miami, Florida 33156-2849  
305-670-6750 Fla Bar No. 184309

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