L09000017757

(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:					
A. LUNT					
APR 17 2009					
EXAMINER					

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APR 16 PM 3: 28

LAW OFFICE JONATHAN D. BELOFF, P.A.

Admitted to Practice: FLORIDA NEW YORK 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FLORIDA 33139

TELEPHONE (305) 673-1101 FACSIMILE (305) 673-5505 E-MAIL jdb@southbeachlaw.com

April 15, 2009



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

Re: Request of Name Change of Wynwood Consignment, LLC to Midtown Consignment, LLC

Ladies and Gentlemen:

Enclosed, please find a cover letter and Articles of Amendment to Articles of Organization of Wynwood Consignment, LLC in which we are requesting to change the name as originally filed to Midtown Consignment, LLC. Also enclosed, is a check in the sum of \$30.00, representing the filing fee and a certificate of status.

If you have any questions in connection herewith, please feel free to contact me.

Very truly yours,

Jonathan D. Beloff

JDB/cae Enclosures

COVER LETTER

TO: Registration S Division of Co						
SUBJECT: WYNW	OOD CONSIGNME	NT, LLC				æ
		ited Liability Company)				
	f Amendment and fee(s) are sub ondence concerning this matter	•				
	JONATHAN D. BELOFF					
		(Name of Person)				
	JONATHAN D. BELOFF	, P.A.				
		(Firm/Company)		-sem ė		
	1111 LINCOLN ROAD, S	SUITE 400		SEC	2009	
		(Address)		RETAI	2009 APR 16	Y
	MIAMI BEACH, FLORID			SSE	6	
		(City/State and Zip Code)		er s	P.	
For further information	concerning this matter, please c	all:		OF STATE S FLORIDA	3: 28	
JONATHAN D. BELO		at (305) 673-1101				
(Name	of Person)	(Area Code & Daytime To	elephone Number))		
Enclosed is a check for t	he 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 Filin Certificate Certified ((additiona	of Status Copy		d)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WYNWOOD CONSIGNMENT, 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 APRIL 7, 2009 and assigned Florida document number L09000017757 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MIDTOWN CONSIGNMENT, 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)

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 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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	···		Add Remove
			2009 APA BOVE SECREDARY
			OF CARDOVE REMOVE
). If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	
			
Dated APRIL	, 2009	ille	

Page 2 of 2

Filing Fee: \$25.00