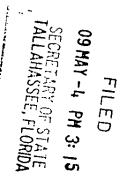
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B. KOHR

MAY 1 3 2009

EXAMINER

COVER LETTER

TO: Registration S	Section	,	
Division of Co	orporations		
SUBJECT: 2	erusalem S	Hone Restorati	on LLC COMA, CIL
	Name of Lim	ited Liability Company	All the state of t
			Alfalia Py
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
	condence concerning this matte		NOTE OF THE PARTY
	Iosif Fran	Name of Person Stone Person Firm/Company	
	De 1	Name of Person	
			ation, LLC
	2600 NE	Address Address FL 33431 City/State and Zip Code	
		Address	
	Book Rocto	n, FL 33431	
		City/State and Zip Code	•
	E-mail address:	to be used for future annual report notificat	ion)
For further information	concerning this matter places.	call:	
Iosif Foa	ncise Csena	LS at (581) 441 - 6	935
Name	of Person	Arca Code & Daytime To	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
3.4 A 11	LING AMMDECS.	· cypeet/calibleb	ABBRECC.

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

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

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

				_
•	Τ	AMENDMENT O ORGANIZATION	N B	OOMA, LONGS, SON
AR	O Calon		, [°]	100 A
Gerusa lem	Stone Res		-	Tong to
The Articles of Organization for this Limited	I Liability Company	were filed on D4. De	3. <i>09</i> a	nd assigned
Florida document number	034677	, ,		
	 -			
This amendment is submitted to amend the f	ollowing:			·
A. If amending name, enter the new name	e of the limited liab	oility company here:		
Terusalem	Stone x	Marsle. L	16	
The new name must be distinguishable and end "L.L.C."	with the words "Lim	ited Liability Company," the	designation "LLC" of	or the abbreviation
Enter new principal offices address, if app	olicable:	2600 NE BOCO Rato	5THADA	<u> </u>
(Principal office address MUST BE A STR	<u>EET ADDRESS)</u>	Boca Rato.	n FL 3.	3431
Enter new mailing address, if applicable:		2600 NE Boca Rat	5TH AV	TE
(Mailing address MAY BE A POST OFFIC	E BOX)	Boca Rat	on, FL	33431
B. It amending the registered agent ar registered agent and/or the new registered	od/or registered of office address her	Mice address on our rec	ords, <u>enter the na</u>	me of the new
Name of New Registered Agent:		f Francisc		es
New Registered Office Address:	2600	NE STH A	UE	
		Enter Flor	ida street address	
	Boca Le	aton	Florida 35	3431
		City	, r 101 104	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, Hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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;

<u> Fitle</u>	Name '	Address	Type of Action
IGR M	Insif Fo. Coundes	2600 NE 5771 AVE Bocq Roton, FL 3343,	∏ ∧dd
		Boca Roton, FL 3343,	✓ ☐ Remove
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	1		— Add
). If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Remove
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			_ _
ated <u>05</u> ,	04.09		
_	Josif Francisc	r authorized representative of a member Csendes	

Page 2 of 2

Filing Fcc: \$25.00

_ . _

MGR = Manager

Accept the control of the control of