L09000036467

(Requestor's Name)
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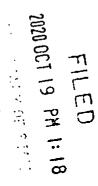
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COVER LETTER

Registration Section Division of Corporations

TO:

ZUCHAEF SUBJECT:	R&ZUCHAER CONSULTING Name of Lim	G LLC			
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TO a constant to the contract of the contract	•	min of Con 1781.			
	Amendment and fee(s) are sub	_			
Please return all correspo	indence concerning this matter	to the following:			
	MOSHE ZUCHAER				
		Name of Person			
	ZUCHAER&ZUCHAER	CONSULTING ELC			
		Firm/Company			
	2701 E ATLANITC BLV	D 2ND FLOOR			
		Address			
	POMPANO BEACH,FL	33062			
		City/State and Zip Code			
	FALBERTO@PCBSCOF	RE.COM			
	E-mail address: (to be used for future annual report not	fication)		
For further information c	oncerning this matter, please c	all:			
MOSHE ZUCHAER		305 468-1560			
Name of Person			te Telephone Number		
Enclosed is a check for the	ne following amount:				
	_	T \$55.00 Elling Eas &	□ \$60.00 Filing Ess		
■ \$25.00 Filing Fee	☐ \$30.00 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)		
Mailing Addres		Street Address:	.•		
Registration !		Registration Se Division of Co			
Division of Corporations P.O. Box 6327		The Centre of 1	•		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZUCHAER&ZUCHAER CONSULTING 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 _____04/15/2009 and assigned Florida document number L09000036467 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A 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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		BEVERLY HILLS, CA 90210	≣Remove
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ote:			at an effective t	me at 12:01 a	m on the ear	lier of: (b)	The 90th day	after the
<u>Sote:</u> locum	ed enveiting a dalayad affacti	iva data hut no	n an enechte i	me, at 14.01 a	.m. on me car	(10)	The Join day	arter the
Sote: locum recor	rd specifies a delayed effecti iled.	ive date, but no						
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Filing Fee: \$25.00