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(Re	questor's Name)	
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OPERATION AMIL: OF

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

T. HAMPTON

MAY 1 8 2009

EXAMINER

COVER LETTER

то:	Registration S Division of C					
SUBJI						
5020			Iding Group LLC ited Liability Company			
The en	closed Articles of	of Amendment and fee(s) are su	abmitted for filing.			
Please	return all corres	pondence concerning this matte	er to the following:			
			Name of Person			
E			G Holding Group LLC			
			Firm/Company			
			17705 NE 9th Place			
Address						
		N M	liami Beach Florida 33162			
	City/State and Zip Code					
		F 11 - 11	7. L			
For fu	rther information	concerning this matter, please	(to be used for future annual report no call:	uncaton)		
	Yis	roel E Ginsburg	at (305)	467-7892		
		of Person		ime Telephone Number		
Enclos	sed is a check for	the following amount:				
\$2 :	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		stration Section tion of Corporations Box 6327	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	oorations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OLDING GRO				
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appear Liability Company)	rs on our records.		
`					
The Articles of Organization for this Limited I	5/5/2009	and assig	ned		
Florida document numberL090000	43247				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lial	bility company her	<u>·e</u> :		
	N/A	A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	any," the designation "LI	C" or the ab	breviation
Enter new principal offices address, if appli	cable:	N/A			NG .
(Principal office address MUST BE A STRE	ET ADDRESS)				iSic SECI
				**	2K-2
		- · · · · · · · · · · · · · · · · · · ·		2	SAL PASS
Enter new mailing address, if applicable:		N/A		뫂	Y OF \$1AI
(Mailing address MAY BE A POST OFFICE			===	RAT	
				1 0	SXO
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter th</u>	e name of	the new
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		En	ter Florida street addr	ess	
			, Florida		
		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.

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

MGRM = Managing Member **Title Address Type of Action** <u>Name</u> **MGRM** Yisroel E. Ginsburg 17705 NE 9th Place ✓ Add N. Miami Beach Florida 33162 Remove Yisroel E. Ginsburg MGR 17705 NE 9th Place ☐ Add ∇ Remove N. Miami Beach Florida 33162 ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 2009 May 8 Signature of a member or authorized representative of a member Yisroel E. Ginsburg as Acare 1

Page 2 of 2

Filing Fee: \$25.00