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D. BRUCE
AUG 19 2010
EXAMINER

COVER LETTER

TO:	Registration Significant Conference of Confe		3					
SUBJI	ест: <u>Ү</u> А	IRDEN	TNUESTH E Name of Limi	ted Liability Company		,		
The en	closed Articles of	of Amendme	ent and fee(s) are sub	omitted for filing.				
Please	return all corresp	oondence co	oncerning this matter	to the following:				
			RONE	N DAGAN	-			
			YARDE	Firm/Company	rents	UC.		
			20815	NE. 16 AVE	2/B-4	*****		
				City/State and Zip Code		···········	Ãu →	
			E-mail address: (t	o be used for future annual rep	ort notification)	<u>) </u>		
For fur	ther information	concerning	this matter, please c	all:			ASS	Section of the sectio
		mits of Person	ng	at (30 <u>5)</u> & Area Code &	55 - 104 Daytime Teleph	one Number	PA 1: 07	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclos	ed is a check for	the following	ng amount:					
以 \$25	.00 Filing Fee		00 Filing Fee & rtificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	 -	\$60.00 Filing Certificate o Certified Co (additional c	f Status &	

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp (A Florida Limited	oany as it now app	ears on our re	cords.)		
(A Florida Limited	Liability Company	y)			
The Articles of Organization for this Limited Liability Compar	ny were filed on _	may o	1 2010	and ass	igned
Florida document number <u>L09000044665</u>		/			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company l	nere:			
		NA			
The new name must be distinguishable and end with the words "Lir'L.L.C."	mited Liability Con	npany," the des	ignation "LLC"	or the a	bbrevi
Enter new principal offices address, if applicable:	<u> </u>		E.		
Principal office address MUST BE A STREET ADDRESS)				0 A	d ere e a
			HA	क	ja Savis
			SSE	CO	1
Enter new mailing address, if applicable:				PH	
Mailing address MAY BE A POST OFFICE BOX)			150 X	F	
				07	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he	office address or ere:	our record	s, <u>enter the n</u>	ame o	f the
Name of New Registered Agent:					
New Registered Office Address:					
	1	Enter Florida	street address		
			lorida		
	City			o Code	ı
lew Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				

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 Name Address **Type of Action** m6RM YAEL DAGAN 20815 NE. 16 AVE Remove M6RM Remove ☐ Add Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated Signature of a member or authorized representative of a member KONEN Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00