

LO9000046342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

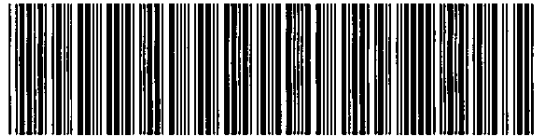
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• Maryland only  
† MD and VA only  
° D.C. only

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June 18, 2009

## VIA FEDERAL EXPRESS

Florida Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, Florida 32311  
01

RE: Florida Asset Remarketing LLC  
Articles of Amendment  
Our Client 116490.00002

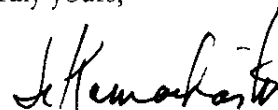
Dear Sir/Madam:

Enclosed for filing are the Articles of Amendment to the Articles of Organization of Florida Asset Remarketing LLC. Also enclosed is one check payable to the Florida Department of State for the filing fee of the Articles of Amendment in the amount of \$25.00.

I have enclosed a copy of the Articles of Amendment and a self-addressed, stamped envelope. Please date stamp the copy and return it to me as filing confirmation of the Amendment.

Please contact me if you have any questions regarding the processing of this Amendment.

Very truly yours,



Jenny E. Kamachaitis, Legal Assistant

Enclosures

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Florida Asset Remarketing LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenny E. Kamachaitis

Name of Person

Shulman Rogers Gandal Pordy & Ecker, PA

Firm/Company

11921 Rockville Pike, Third Floor

Address

Rockville, Maryland 20852

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny E. Kamachaitis

Name of Person

at ( 301 ) 255-0539  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Florida Asset Remarketing 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 May 13, 2009 and assigned  
Florida document number L09000046342

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

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

| <u>Title</u> | <u>Name</u>                | <u>Address</u>                                            | <u>Type of Action</u>                                                      |
|--------------|----------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | Palmetto Wholesale LLC     | 720 13th Avenue North<br>St. Petersburg, Florida 33701 US | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Axis Business Products LLC | 1200 West Avenue, #614<br>Miami, Florida 33139 US         | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                            |                                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                            |                                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                            |                                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                            |                                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article V [INTENTIONALLY LEFT BLANK]

Dated 17 JUNE, 2009

Signature of member or authorized representative of a member

Carlos Correa

Typed or printed name of signer

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Filing Fee: \$25.00

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