

DEC/09/2010/THU 10:49 AM

FAX No.

P. 001

Division of Corporations

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LO9000065486

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305) 444-0101
Fax Number : (305) 444-0174

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ESTATE GALLERIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

D. BRUCE

DEC 10 2010

EXAMINER

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Corporate Filing Menu

Help

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

ESTATE GALLERIES, 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 07/07/2009 and assigned
Florida document number L09000065486.

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)

201 ANSIN BLVD

HALLANDALE, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 ANSIN BLVD

HALLANDALE, FL 33009

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:

MURAI WALD BIONDO & MORENO, P.A. ✓

New Registered Office Address:

1200 PONCE DE LEON BOULEVARD

Enter Florida street address

CORAL GABLES

Florida

33134

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.

(Signature)
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
MGR	STEVEN NADEL	6910 BISCAYNE BOULEVARD Miami, FL 33138	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RICARDO GONZALEZ	201 ANSIN BLVD HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GARY NADEL	201 ANSIN BLVD HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated DECEMBER 2010

Signature of a member or authorized representative of a member

STEVEN NADEL

Typed or printed name of signee

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