Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001314513)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CERTIFIED TITLE

Account Number : I20070000045

: (954)966-8888

Phone Fax Number

: (954)966-6259

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

<u>≤</u>≹mail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SECAR GROUP HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

05-13-'11 12:37 FROM-(((H11000131451 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECAR	GROUP HOLDINGS,	LLC	
(<u>Name of the Limited Lii</u> (A Fl	bility Company as it now appear orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi Florida document number	ility Company were filed on		and assigned
This amendment is submitted to amend the following. A. If amending name, enter the new name of the	_	re:	2011 MAY 13 SEGREDANY ALLAHASSE
	A GROUP HOLDINGS, LL		
The new name must be distinguishable and end with the "L.L.C."			
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	IDDRESS)	/	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		our records, <u>enter t</u>	he name of the new
New Registered Office Address:			
New Negistered Office Audiess.	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

Page 1 of 2

05-13-'11 12:37 FROM-(((H11000131451 3)))

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 = Ma MGRM = N	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			□ Demove
			HAY .
			Add Remove
			Remove
D. If amen	ding any other informatio	n, enter change(s) here: (Attach additional sheet	is, if necessary.)
_			
Dated	May 13	2011	
	Signal	ture of homber of authorized representative of a men	mber
		Jeffrey Feinberg, Esq. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00