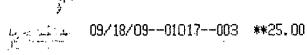
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
·						

Office Use Only



900159763779





S. HAWKES SEP 2 1 2009 **EXAMINER** 

## **COVER LETTER**

TO:

. . .

Registration Section

Division	of Corporation	ıs							
SUBJECT:		2F	33G LLC						
30B0ECT									
The enclosed Art	icles of Amendn	nent and fee(s) are sub	omitted for fili	ng.					
Please return all c	correspondence	concerning this matter	to the following	ing:					
		STEVEN C KLEIN							
		Name of Person							
	-	STE		EIN CPA PA	<b>.</b>				
			Firm/Co	ompany					
		11776 W SAMPLE RD # 105							
			Addı	ress					
		CORAL SPRINGS, FL 33065							
		City/State and Zip Code							
		ste	even@skle	eincpa.com		wildfields. All areas			
For further inform	nation concernin	g this matter, please c		ature annuar report	normeanon	,			
	STEVEN C	KLEIN	at (	954 <sub>)</sub>	345-	3696			
	Name of Person			Area Code & Da	ytime Telep	hone Number			
Enclosed is a che	ck for the follow	ing amount:							
<b>₹</b> \$25.00 Filing		0.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ied Copy ional copy is encl	osed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		STREET/CO Registration S Division of Co Clifton Buildin 2661 Executiv	ection orporations ng				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2B3G,	, LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company	were filed on	8-14-09	and assigned			
Florida document numberL0900078485						
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	ility company he	r <u>e</u> :	PLED FILED			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	any," the designation "l	LC" or the abbreviation			
Enter new principal offices address, if applicable:	1900 GLADES RD # 357					
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATO	N, FL 33431				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1900 GLADES RD # 357 BOCA RATON, fl 33431					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :					
	Enter Florida street address					
<del></del>	City	, Florida	Zip Code			
	Cuy		zip Çoae			

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>	Address	Type of Action			
MGRM	SUSAN BAGON	621 NW 53 ST BOCA RATON, FL 33487	Type of Action  Add:  Remove			
MGRM_	SUSAN PEROFF	1900 GLADES RD # 357 BOCA RATON, FL 33431	_			
			Add Remove 			
			Add Remove			
<del></del>			Add Remove			
			Add Remove			
D. If amend	ing any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)				
			_			
	9-15	00	_ _			
Dated	The	ber or authorized representative of a member				
	/1	STEVEN C KLEIN				
Typed or printed name of signee  Page 2 of 2						
Filing Fee: \$25.00						