Apr. 29 2010 (1:49 0000 8542 9 No. 343 age P. 11

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.

(((H10000104598 3)))



H100001045983AHC

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 : SPECTOR GADON Account Number : 120030000027 Phone : (215)241-8893 Fax Number : (215)241-8844

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 THE IVY ASSOCIATES LLC

NECEIVED

10 MR 29 W 6: 33

SECHETARY OF STATE

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

10 APR 29 AM 8: 13
SECRETARY OF STATE
SALLAHASSEE, FLORID.

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

APR 3 0 2010

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE IV	Y ASSOCIATES LLO	<u> </u>	
(Name of the Limited Liability (A Florid	ity Company at it now gones a Limited Liability Company)	rs on our records.)	PSS
The Articles of Organization for this Limited Liability	Company were filed on	September 2, 2009	and assigned
Florida document number L0900085429			STAT
This amendment is submitted to amend the following:			Ž.
A. If amending name, enter the new name of the hi	nited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the w	ords "Limited Liability Compa	ny," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)	<u>-</u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ur records, <u>enter the</u>	name of the new
Name of New Registered Agent:	- <u></u> -		
New Registered Office Address:	Ent	er Florida street address	
		. Florida	
	City	 _, , , , , , , , , , , , , , , , ,	lip 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, Stenature of New Registered Agent

MGR = Manager

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;

MGRM = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Evan Berger	3339 Virginia Street, Suite 120 Coconut Grove, FL 33133	Add 7 Remove
MGR_	William Gerhauser	3339 Virginia Street, Suite 120 Coconut Grove, FL 33133	Add Remove
			Add Remove
···-			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional shouts, if necessary.)	FILED 10 APR 29 AM 8: 13 SECRETARY OF STATE FALLAHASSEE, FLORIDA
		normber experience of a member LLC. Its Member - William Gerhauser, Manager	
		Typed or printee name of signee	

Page 3 of 2

Filing Fee: \$25.00