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SECRETARY OF STATE TALLAHASSEE. FLORIDA

2009 NOV 30 AM 11: 39

M. THOMAS

DEC -1 2009

EXAMINER

COVER LETTER

Division of Corp			
SUBJECT:	DOG-E-MINDER LLC.		
	Name of Limited Liability Company		
The enclosed Articles of A	mendment and fee(s) are submitted for filing.		
Please return all correspon	dence concerning this matter to the following:		
	Ariel Reiter		
	Name of Person		
	DOG-E-MINDER LLC.		
	Firm/Company	2009 NOV 30 SECRETARY TALLAHASS	-11
	1940 NE 194th Drive	OV 3	
	Address	F117~	m
	N. Miami Beach, FL 33179	AH II: 39 OF STATE EF. FLORID	
	City/State and Zip Code	HII: 39 FLORID	
	corp@dogeminder.com	77-	
	E-mail address: (to be used for future annual report notification)		

* **	Arięl Reiter	at (800) 7	43-7842	
Name of Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

TILED
2009 NOV 30 AM 11: 39
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		IDER LLC.			
(<u>Name of the Limited Li</u> (A FI	ability Compa orida Limited L	ny as it now appea liability Company)	rs on our records.)	· · ·	
The Articles of Organization for this Limited Liab	were filed on	11/06/2009	and assigned	j	
Florida document number L0900010710	01				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	e limited liab	ility company he	<u>re</u> :		
				2005 SE	
The new name must be distinguishable and end with the "L.L.C."	he words "Limi	ted Liability Comp	any," the designation "	ortho abbre	viation
Enter new principal offices address, if applicab	1940 NE 194	4th Drive	m~ **	71	
(Principal office address MUST BE A STREET ADDRESS		N. Miami Be	ach, FL 33179	T. F. S.	<u>()</u>
	•			92 T	
				0m 9	
Enter new mailing address, if applicable:		1940 NE 194th Drive			
(Mailing address MAY BE A POST OFFICE BOX)		N. Miami Be	ach, FL 33179		
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records, <u>enter</u>	the name of the	e nev
Name of New Registered Agent:	Ariel Reiter			<u> </u>	
New Registered Office Address:	1940 NE 19	4th Drive			
		E	nter Florida street ad	dress	
	N. I	Miami Beach	, Florida	33179	
		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>	Name	Address	Type of Action
MGR	SHALEV-SZLAIFER, YAIR	2028 HARRISON STREET HOLLYWOOD FL 33020 US	Add Remove
MGR	REITER, AVI	2028 HARRISON STREET HOLLYWOOD FL 33020 US	Add ☑ Remove
			Add Remove
		SECRE ARY ALLAHASSE	Add Themove
			Add C
			Add Remove
D. If amending	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
			_
	11/24 , 2009	3 1. 0	-
_	Signature of a member or	authorized representative of a member	
		Ariel Reiter printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00