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B. BOSTICK

NOV 3 0 2010

EXAMINER

COVER LETTER •

Division of Co			,		
SUBJECT:	ILLUMINA	ATI GROUP LLC			
SUBSECT.		ited Liability Company		-	
	of Amendment and fee(s) are sul	_			
rease return an corresp	sondence concerning this matter	to the following.			
	JEA	N-LAURENT RAPHA	EL.		
		Name of Person		_	
	ILL	UMINATI GROUP LL	С		
		Firm/Company			
	28	32 NW 25TH STREET	Γ		
		Address			
		MIAMI FL 33127		10 NOV 29 SEUKLIAK TALLAHASS	
		City/State and Zip Code		HOV 29	mary of the state
	ir E mail address: (nfo@illuminatigp.com to be used for future annual rep	ort natification)	29 (SS)	S. Arteman Conteman alternation
For further information	concerning this matter, please of	·	nt normeation)		
				4 3: 50 STATE FLORID	
	-laurent raphael	at (_305)	3734422		
Name	of Person	Area Code &	Daytime Telephone Numb	ber	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is expected)	Certific nclosed) Certifi	Filing Fee, cate of Status & ied Copy onal copy is enc	losed)
MAII	LING ADDRESS:	STREET/O	COURIER ADDRESS:	:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILLUMINATI	GROUP LLC	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on January 11th	2010 and assigned
Florida document numberL1000003824		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	282 NW 25TH STREET	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33127	
Enter new mailing address, if applicable:	282 NW 25TH STREET	10 NOV
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33127	S
D. If amounting the project and count and to project and a	CC - 13	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		~~ <u>~</u>
· · · · · · · · · · · · · · · · · · ·		DA DA
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Florie	
	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

MGR = M MGRM =	anager Managing Member		
<u> </u>	<u>Name</u>	Address	Type of Action
			
			⊟ p
			□ n
If amen	ding any other information,	enter change(s) here: (Attach additional shee	<u>></u> z/ ■ Remove
ted	Signature	of a member or authorized regresentative of a me	ember 1

Page 2 of 2

Filing Fee: \$25.00