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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
APR 2 8 2011
EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | |
|--|-----------------------------------|---|--------------------------|------------------------|
| t. | Miai | mi jobs,LLC | • | • |
| SUBJECT: | | ited Liability Company | h . | |
| | | 2 | • | • |
| | | • | • | · |
| The enclosed Articles of | Amendment and fee(s) are sul | bmitted for filing. | | |
| Please return all correspondent | ondence concerning this matter | r to the following: | | • |
| | | | | |
| • | | Boris Astrakhantsev | • | |
| | | Name of Person | , | |
| | | | | • |
| | | Miami jobs.LLC | | |
| | | Firm/Company | | • |
| • | 18 | 80 S Ocean Dr # 902 | W | |
| <i>t</i> v | | Address | • | |
| | Ha | allandale,Florida,3300 | | 26 S I'A! |
| | | City/State and Zip Code | 4 | |
| • | ṁ i | amijobs1@yahoo.cor | n | APR 2: |
| | E-mail address: (| to be used for future annual rep | oort notification) | 27 27 AR) SSE |
| For further information of | concerning this matter, please of | eall: | | Y OF STATE |
| Boris | Astrakhantsev | at (786) | 3974166 | STA |
| | of Person | | Daytime Telephone Number | TE LES |
| Enclosed is a check for the | he following amount: | | | |
| | · · | □455.00 HIII N 0 | | |
| \$25.00 Filing Fee \$ Certificate of Status | | \$55.00 Filing Fee & Certified Copy (additional copy is e | | f Status & |
| | | | • | |
| MAILING ADDRESS: | | ST ØRET <i>U</i> | COURIER ADDRESS: | • . |
| 7 | A CONTRACTOR | SIRELIA | COURTER 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

| Miami jo (Name of the Limited Liability Comp. (A Florida Limited | obs LLC any as it now appears on our records.) Liability Company) | • |
|--|--|---------------------|
| The Articles of Organization for this Limited Liability Companies L10000011106 | y were filed on01/29/2010 | and assigned |
| This amendment is submitted to amend the following: | • | |
| A. If amending name, enter the new name of the limited lial | bility company here: | • , |
| Sign lighting | zone,LLC | |
| The new name must be distinguishable and end with the words "Lin"L.L.C." | ited Liability Company," the designation | e . |
| Enter new principal offices address, if applicable: | 4300 Pembroke Rd #2 | 20 SE |
| (Principal office address MUST BE A STREET ADDRESS) | West Park, Hollywood, 33021 | LAHASS |
| Enter new mailing address, if applicable: | 1880 s ocean dr #902W | Y OF |
| (Mailing address MAY BE A POST OFFICE BOX) | Hallandale,FI,33009 | TATE. |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here. Name of New Registered Agent: Boris Astral | r <u>e</u> : | the name of the new |
| , , , , , , , , , , , , , , , , , , , | 4000 Developed D. J. #0 | |
| New Registered Office Address: 4500 Pemb | New Registered Office Address: 4300 Pembroke Rd #2 Enter Florida street a | |
| . West | Park, Hollywood , Florida _ | 33021 Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | //_ | |

If Changing Registered Agent, Signature of New 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 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 | Boris Astrakhantsev | 4300 Pembroke Rd #2 | · . ✓ Add |
| - | | West Park Hollywood FI,33021 | Remove |
| | | | |
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| | | | Remove |
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| | | nge(s) here: (Attach additional sheets, if necessar | y.) |
| Ne | w phone # 786.397.4166 | | |
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| | • | | |
| Dated | 4/18 | 2011 | |
| | , | 1 | • . |
| | | Ley | |
| | | ber or authorized representative of a member | |
| • | | Boris Astrakhantsev sed or printed name of signee | |
| | - 7 F | • | |

Page 2 of 2

Filing Fee: \$25.00