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T. HAMPTON AUG 1 8 2010

EXAMINER

COVER LETTER

TO: Registr Divisio	ation Section of Corporations	
SUBJECT:	10591 GROUP LLC	
	Name of Limited Liability Company	-
The enclosed A	icles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Daniel J. Serber, Esq.	
	Name of Person	
	Serber & Associates, P.A.	_
	Firm/Company	_
	2875 NE 191 Street, Suite 801	
, - ,	Address	_
valencji, til	Aventura, FL 33180	- -
THE ALL COL		1 1.37
. ' '	djs@serberlawfirm.com E-mail address: (to be used for future annual report notification)	
For further info	nation concerning this matter, please call:	
	Daniel J. Serberat (305) 932-6262	
	Nume of Person Area Code & Duytime Telephone Num	ber
Enclosed is a ch	ck for the following amount:	
₹25.00 Filin	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, ficate of Status & fied Copy tional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10591 Gro	oup LLC			
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appear	s on our records.)		SE
(A Florida Limited L	lability Company)		>	55
The Articles of Organization for this Limited Liability Company	were filed on	02/03/2010	and sig	型一
Florida document number L10000013074			~	
rionda document number			=	320
			=	ညီ လူ
This amendment is submitted to amend the following:			•	2 ×
,			M (1: 87	35
A. If amending name, enter the new name of the limited liab	<u>ility company her</u>	œ:		Z
•				•
The new name must be distinguishable and end with the words "Limi	ited Liability Comes	inv " the decionation "I	LC" or the abi	breviation
"L.L.C."	ice Diability Compe	hily, the designation is	20 0. 4.5 45	
Enter new principal offices address, if applicable:	1800 S. State	Road #7		
(Principal office address MUST BE A STREET ADDRESS)	Miramar, FL	33023	_	_
Enternew mailing address, if applicable:	1800 S. State	Road #7		
(Mailing address MAY BE A POST OFFICE BOX) Miramar, FL 33023				
Indiana de la participa de la constante de la	NINGHIGH, FL 33023			
•				
B. If amending the registered agent and/or registered of	fice address on (our records, <u>enter t</u> i	ne name of	the new
registered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:				
TAMES OF THE MORISINION ARCHIT.	·			
New Registered Office Address:				
	En	ter Florida street addr	ess	
		, Florida		
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agenti

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

Aug.	Ø9	2010	03:3 <u>1PM</u>	P8	

FAX NO. :

If smending 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

FROM:

Title	<u>Name</u>	Address	Type of Action
MGR_	Romina Rojkes	1800 S. State Road #7 Miramar, Fl. 33023	Add Remove
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. (famen —	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF DIVISION OF CORP. 10 AUG 12 AM
- - -			OF STATE OR STATE OR STATE OR STATE OR STATE OR STATE OR STATE
Dated	Signature of a m	nember or authorized representative of a member	
	, •	Romina Rojkes	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00