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EXAMINER



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SECRETARY OF STATE
ANASSEE FLOORE

COVER LETTER

TO:	Registration 6 Division of Co					
SUBJE	CT:	TLI	HSH, LLC	•		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all corresp	ondence concerning this matter	to the following:			
	Avi J. Litwin, Esq.					
			Law Office			
			Firm/Company			
		443	4 SHERIDAN AVENUE			
			Address			
			City/State and Zip Code			
	cation)					
For furt	her information	concerning this matter, please c	all:			
	Avi	J. Litwin, Esq.	at (_786)	276-6150		
Name of Person		of Person	Area Code & Daytim	e Telephone Number		
Enclose	ed is a check for t	the following amount:				
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u> HSH, LLC</u>		
(Name of the Limited Liability (A Florida Li	Company as it now apper imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL10000027524	ompany were filed on	March 11, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	ere:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Com	pany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRI	ESS)		S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			PI7 PH 3: 46 TARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		our records, enter th	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addr	ess
	City	, Florida	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 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	Shady Lane Holdings LLC	123 Shady Lane Lakewood, NJ 08701	Add Remove				
MGR	Yechezkel Dershowitz	110 Hillside, Suite 19 Lakewood, NJ 08701					
MGR	Yehuda Margules	110 Hillside, Suite 19 Lakewood, NJ 08701					
MGR	Michael Guttman	110 Hillside, Suite 19 Lakewood, NJ 08701					
			AddRemove				
			Add Remove				
D. If am	nending any other information, enter cha	ange(s) here: (Attach additional sheets, if ne	cessary.)				
	The Company shall be managed a	and operated by Managers (not its M	embers of				
	a Managing Member) and thereaf	ter removes Shady Lane Holdings as	s the				
	Managing Member and appoints	Yechezkel Dershowitz, Yehuda Marg	ules and				
	Michael Guttman as Managers for	the Company.					
Dated	September 13. 2	010					
Signature of a member or authorized representative of a member							
	1/e in	vda Mena Vlas	_				
Typed or printed name of signee							

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Filing Fee: \$25.00