## L10000069473

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(Address)				
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(City/State/Zip/Phone #)				
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## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations	•	
SUBJECT:	IS	G TAO, LLC	
		mited Liability Company	
The enclosed Articles of.	Amendment and fee(s) are s	submitted for filing.	·
Please return all correspo	ndence concerning this mat	ter to the following:	
	•	PHILIP J. SPIEGELMAN	
		Name of Person	<del></del>
	INTERNAT	IONAL SALES GROUP	TAO, LLC
	2	875 NE 191 ST, STE 200	o ,
		Address	
		AVENTURA, FL 33180	
		City/State and Zip Code	1
•	E-mail address	s: (to be used for future annual report	t notification)
For further information c	oncerning this matter, pleas	e call:	,
PHILIP	J. SPIEGELMAN	at ( 305 )	931-6511
Name o	f Person		Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclos
5.4 A TT	INIC ADDDESS.	omn period	DURIER ADDRESS:
MAILING ADDRESS: Registration Section		Registration S	Section
	n of Corporations ox 6327	Division of C Clifton Build	
	ssee FL 32314		ng ve Center Circlè

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION 10 JUL -9 AM 10: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ISG TAO, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for the	is Limited Liability Company were filed on _	06/17/2010	and assigned	
Florida document numberl	_10000069473			
This amendment is submitted to an	nend the following:			
A. If amending name, enter the i	new name of the limited liability company	here:		
· · · · · · · · · · · · · · · · · · ·	NTERNATIONAL SALES GROUP T	AO, LLC		
The new name must be distinguishabl "L.L.C."	e and end with the words "Limited Liability Con	mpany," the designation "Ll	LC" or the abbreviation	
Enter new principal offices addre	ess, if applicable:			
(Principal office address MUST B	E A STREET ADDRESS)			
•				
Enter new mailing address, if app	olicable:			
(Mailing address MAY BE A POS	T OFFICE BOX)		<del>-</del>	
B. If amending the registered registered agent and/or the new r	agent and/or registered office address o	on our records, <u>enter th</u>	e name of the new	
registered agent analor the new r	egistered office address nere.		•	
Name of New Registered	Agent:			
·		**		
New Registered Office A		Enter Florida street addr	ess	
		. Florida		
	City	, 1 1011444	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>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL AMBROSIO	2875 NE 191 ST STE 200 AVENTURA, FL 33180	Add Remove
MGRM	MICHAEL AMBROSIO	2875 NE 191 ST STE 200 AVENTURA, FL 33180	✓ Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
**************************************		1	Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	S TO
		:	FILED JUL-9 AM CRETARY OF
 Dated	History	Lilling	FLORIDA
	/ / P	HE Or authorized representative of a member HILP J. SPIEGELMAN need or printed name of signee	
		_ '- '	

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Filing Fee: \$25.00