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(Requestor's Name)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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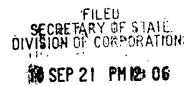
09/21/10--01017--006 **25.00



COVER LETTER

	ration Secon n of Corp								
SUBJECT:		W GOURI	MET GROU	IP LLC					
			nited Liability Cor						
		mendment and fee(s) are su	_						
		Javier Markowicz Name of Person							
Serber & Associates, P.A. Firm/Company									
	2875 NE 191 Street								
	Aventura, FL 33180								
		ir	City/State and Z City/State and Z Cobe used for future	• •	cation)				
For further information concerning this matter, please call:									
Javier Markowicz Name of Person			at (305) 932-6262 Area Code & Daytime Telephone Number						
Enclosed is a che \$25.00 Filing		following amount: \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Fili Certified		\$60.00 Fil	ing Fee, te of Status &			
		Confidence of Status		al copy is enclosed)	Certified				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COURING Registration Section Division of Corpora Clifton Building. 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle	· · · ·				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		GROUP LLC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	iability Company	were filed on	09/08/2010	and assigned
Florida document number L1000009	4364			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>re</u> :	
	N/A	\		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
		-		
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	fice address on (our records, <u>enter t</u>	he name of the new
	ee address ner	z.		
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		En	ter Florida street addi	ress
			, Florida	
		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

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> **Name** Address **Type of Action** MRG Nathan Weinberg 2875 NE 191 Street, Suite 801 ☐ Add Aventura, FL 33180 Remove MGR Alex Weinberg ☐ Add 2875 NE 191 Street, Suite 801 Aventura, FL 33180 ✓ Remove MGR Ariel Tomat 2875 NE 191 Street, Suite 801 ☐ Add Aventura, FL 33180 MGR Jonathan Alexis Weinberg 2875 NE 191 Street, Suite 801 **√** Add Aventura_FL 33180 Remove $\bigcap Add$ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 09.17.2010 2010 Signature of a member or authorized representative of a member Javier Markowicz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00