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2010 DEC 27 AND 41
SECRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE DEC 28 2010
EXAMINER

## **COVER LETTER**

Division of Corpor	
SUBJECT:	URABLE LLC
	Name of Limited Liability Company
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	ALEX GUREVICH
•	Name of Person
-	Firm/Company
	9856 VIA AMATI  Address
-	Address ES
	- 1 a / c / c / c / c / c / c / c / c / c /
-	City/State and Zip Code
_	ALX ANDERONE @ GM+1L.COM  E-mail address: (to be used for future annual report notification)
For further information con-	
	erning this matter, please call:
ALEX GVA	at (954) 253-3600
Name of Pe	rson Area Code & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & Status   S55.00 Filing Fee & Scertificate of Status   S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)   Certified Copy (additional copy is enclosed)
MAILING Registratio	G ADDRESS: STREET/COURIER ADDRESS: on Section Registration Section

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

(Name of the Limited Liability C	LLC Company as it now appears on our	r records.)		
(A Florida Lir	nited Liability Company)			
The Articles of Organization for this Limited Liability Cor	mnony syara filed on FOTEM	SER 27, 2010 and assigned		
	. ,	and assigned		
Florida document number <u>L /0000/00 696</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:	,		
ALEX GUREVI	CH LIMITED LIAL	BILITY COMPANY (LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	SAME			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>			
		As ~		
Enter new mailing address, if applicable:	SAME			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
Induting duaress MAT BE A POST OFFICE BOX				
	***			
B. If amending the registered agent and/or register				
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our reco	ords, enter the name-of the new		
registered agent and/or the new registered office address	ss nere:			
Name of New Registered Agent:	SAME			
New Registered Office Address:				
	Enter Flori	Enter Florida street address , 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	= Manager /I = Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
<del></del>	<u> </u>		id i Kemove
	<del></del>		Add Remove
			Add Remove
·			Add Remove
			Addo Remove
·			∏A∰ Remove
D. If a	mending any other information, enter change	e(s) here: (Attach additional sheets, if necessary,	
			<del></del>
Dated _	DECEMBEL 22, 20	10.	
	Signature of a member	or authorized representative of a member	
	AL	ex 6 UREVICH or printed name of signee	

oca or printed name or sign

Page 2 of 2
Filing Fee: \$25.00