FROM : MGQC

FAX NO. :3056521093

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Addount Name : DERHY FINANCIAL SERVICES JJJC

Account Number : I20090000059 : (786)380-3472 Phone

Fax Number : (305)374-8833

Knter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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C. LEWIS DEC 2 0 2011

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COVÈR LETTER

TO: Registration ! Division of Co	Section orporations					
SUBJECT:	S&CRET					
The enclosed Articles of	of Amendment and fee(s) are submitted	for filing.				
Please return all corresp	pondence concerning this matter to the	fallowing:				
	DVIR DERHY					
	ŗ	Name of Person				
	DERHY FINANCIAL SERVICES LLC					
	· · · · · · · · · · · · · · · · · · ·	Finn/Company				
•	99 NW 183RD ST # 138					
	Address					
MIAMI, FL 33169						
	•	State and Zip Code				
	E-mail address: (to be use	BELLSOUTH, NET ad for future annual report notifical	tion)			
For further information	concerning this matter, please call;					
		. 100	803472			
Name	of Person	Arca Code & Daytime T	clophone Number			
Enclosed is a check for	the following amount:					
\$25.00 Fitting 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

FROM : MGDC

FAX NO. :3056521093

Dec. 19 2011 02:25PM P3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 DEC 19 AM 7: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

S&CRE	TAIL LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)		
	61.4	01/1 <u>3/2011</u>		
The Articles of Organization for this Limited Liability Company	were filed on	Q1/13/2Q11	and assigned	
Florida document numberL11000005244				
This amendment is submitted to amend the following:				
A. If amending name, cuter the new name of the limited liab	oility company he	<u>re</u> ;		
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Comp	any," the designation "f	J.C" or the abbreviation	
Enter new principal offices address, if applicable:	3625 N COUNTRY CLUB DR # 1110			
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA, FL 33180			
			<u> </u>	
Enter new mailing address, if applicable:	3625 N COUNTRY CLUB DR # 1110			
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA, FL 33180			
B. If amending the registered agent and/or registered of		our records, enter t		
registered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	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

MGR = Manager

MGRM = Managing Mcmber

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:

<u>Address</u> Type of Action Title Name MORGAN STAV MGRM ☐ Add ✓ Remove 1060 BRICKELL AVE MIAMI_FL 33131_ Add Remove □ Add ☐ Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____12/19 2011 Signature of a member or authorized representative of a member MORGAN STAV Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00