

L11000011565

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TALLAHASSEE, FLORIDA

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J. BRYAN

JAN 23 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAHO WATERCOLORS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHAI MOSCHOWITS
Name of Person

Firm/Company
17201 COLLINS AVENUE, #3507
Address
SUNNY ISLES BEACH, FL 33160
City/State and Zip Code
REQUEST@CONDOLECT.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LIOR COHEN at (**954**) **687-7433**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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

FILED
2012 JAN 20 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAHO WATERCOLORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/27/2011 and assigned Florida document number L11000011565.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CONDOLECT, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17201 COLLINS AVENUE, #3507

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable:

17201 COLLINS AVENUE, #3507

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES BEACH, FL 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lior Cohen

New Registered Office Address:

17201 COLLINS AVENUE, #3507

Enter Florida street address

SUNNY ISLES BEACH

Florida

33160

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

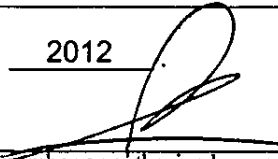
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHAI MOSCHOWITS	17201 COLLINS AVENUE, #3507 SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LIOR COHEN	17201 COLLINS AVENUE, #3507 SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TAHO GROUP, LLC	17070 COLLINS AVENUE, #256 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BVENTURE GP, LLC	17070 COLLINS AVENUE, #256 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARCUS, ALAN J TRUSTE	20803 BISCAYNE BLVD, #301 AVENTURA FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JANUARY 16, 2012



Signature of a member or authorized representative of a member

LIOR COHEN

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA