

05/11/2011 17:53 FAX

Division of Corporations

LEOPOLD KORN LEOPOLD, P.A.

001/003

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**L11000026116**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

**L. SELLERS**

MAY 12 2011

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : 120010000025  
Phone : (305) 935-3500  
Fax Number : (305) 935-9042

**EXAMINER**

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

Email Address: \_\_\_\_\_

RECEIVED  
11 MAY 12 AM 7:15  
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RLI HOLDINGS, LLC**

Certificate of Status	0
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FILED  
11 MAY 12 AM 11:05  
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**RLI HOLDINGS, 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 03/02/2011 and assigned  
Florida document number L11000026116

This amendment is submitted to amend the following:

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

**I GET IT, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

**FILED**  
11 MAY 12 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
<u>MGR</u>	<u>LEO GHITIS</u>	<u>4851 SHERIDAN STREET, SUITE 335</u> <u>HOLLYWOOD FL 33021 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>ITSCHAK FRIEDMAN</u>	<u>4851 SHERIDAN STREET, SUITE 335</u> <u>HOLLYWOOD FL 33021 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>LORENA LECHTER</u>	<u>4851 SHERIDAN STREET, SUITE 335</u> <u>HOLLYWOOD FL 33021 US</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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 May 10 2011

Signature of a member or authorized representative of a member

**ROBERT S. LECHTER, Manager**

Typed or printed name of signee

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Filing Fee: \$25.00