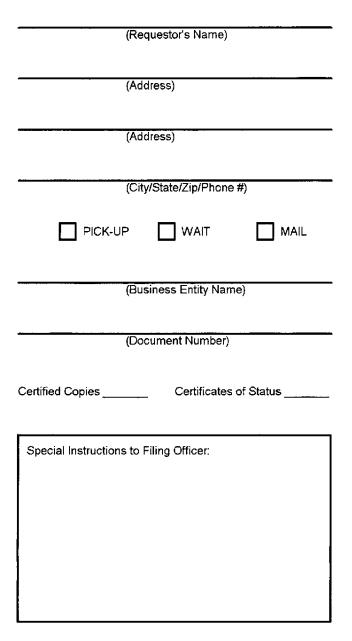
## 11000037279



Office Use Only



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SECULARIZATION STATE

B. BOSTICK

JUL 1 2 2011

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations		į		
SUBJECT:		Wisely XI, LLC ted Liability Company			
	Name of Entire	and Educately County and			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Asaf Yogev			
		Name of Person			
	Inv	Investing Wisely XI, LLC			
	2632 Hollywood Boulevard, Suite 302				
		Address			
	ŀ	Hollywood, FL 33020	As _		
		City/State and Zip Code			
		asaf@ocig.co.il			
	E-mail address: (	to be used for future annual report notification)	SS = 100		
For further information	concerning this matter, please of	all:	The TO 17		
Asaf Yoge	v, Managing Member	at ( 347 ) 781-1227  Area Code & Daytime Telephone Number	IT JUL 11 PM 8: 58  LLAHASSEE, FLORIDA		
Name	of Person	Area Code & Daytime Telephone Number	DA B		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	of Status &		

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**

(Name of the Limited	nvesting Wi		ars on our records.	)		
The Articles of Organization for this Limited L		• • •	March 29, 20 <sup>-</sup>	<b>11</b> an	ıd assig	gned
Florida document number L1100003	7279				•	-
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company he	re:			
	N/A					
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ted Liability Comp	any," the designatio	n "LLC" or	the ab	breviatio
Enter new principal offices address, if applic	2632 Hollywood Boulevard, Suite 302					
(Principal office address MUST BE A STREET ADDRESS)		Hollywood, F	•	ĭAE		
				D Z	<u></u>	etic)ma
				35.	<del></del>	-14.00
Enter new mailing address, if applicable:	2632 Hollywe	ood Boulevard,	Suite 30	2	) 	
(Mailing address MAY BE A POST OFFICE	Hollywood, F	· · ·	-n	<u>==</u>	Elements A S	
	<del></del>			STAI OR	<del></del>	<u>•</u>
					co	
B. If amending the registered agent and/o	or registered of	fice address on	our records, ente	r the nar	ne of	the new
registered agent and/or the new registered of			-			
Name of New Registered Agent:	Asaf Yogev					
New Registered Office Address:	2632 Hollywood Boulevard, Suite 302					
	Enter Florida street address					
	H	lollywood	, Florida	33	3020	
	•	City	, , , , , , , , , , , , , , , , , , , ,	Zip (	Code	
New Registered Agent's Signature, if changing R	legistered 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 addyss, 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>	<u>Name</u>	Address	Type of Action		
MGRM	Abraham Gagin	1600 S. Ocean Drive, Suite E10 Hollywood, FL 33019	Add Remove		
MGRM	Abraham Gagin	2632 Hollywood Bouleyard, Suite 302 Hollywood, FL 33020	✓ Add ☐ Remove		
MGRM	Asaf Yogev	1600 S. Ocean Drive, Suite E10 Hollywood, FL 33019	Add Remove		
MGRM	Asaf Yogev	2632 Hollywood Boulevard, Suite 302 Hollywood, FL 33020	Add Remove		
<del></del> .			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)			
Dated	Cionature of a t	member authorized representative of a member	<u> </u>		
		af Yogev, Managing Member			
		Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00