## 1110000068992

| (Re                     | questor's Name)   |                                       |  |  |
|-------------------------|-------------------|---------------------------------------|--|--|
| (Ad                     | dress)            |                                       |  |  |
| (Ad                     | dress)            | · · · · · · · · · · · · · · · · · · · |  |  |
| (Cit                    | y/State/Zip/Phone | • #)                                  |  |  |
| _                       | WAIT              | MAIL.                                 |  |  |
| (Bu                     | siness Entity Nam | ne)                                   |  |  |
| (Document Number)       |                   |                                       |  |  |
| Certified Copies        | _ Certificates    | of Status                             |  |  |
| Special Instructions to | Filing Officer:   |                                       |  |  |
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|                         |                   |                                       |  |  |

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-SECRETARY OF STATE. TALEAHASSEEPFLORIDA

2011 JUL -7 AM 8: 49

J. SAULSBERRY EXAMINER

JUL 8 2011

## **COVER LETTER**

TO:

| TO:         | Registration S<br>Division of Co | ection<br>rporations   |   |  | ,                  |       |   |
|-------------|----------------------------------|--|---|--|--------------------|-------|---|
| SUBJE       | CT:                              | ALLIE  | ED GEM-LLC  |  |                    |       |   |
|             |                                  | Name of Lim  | ted Liability Company   |  |                    |       |   |
| The end     | closed Articles of               | f Amendment and fee(s) are sul   | omitted for filing.   |  |                    |       |   |
| Please r    | return all corresp               | ondence concerning this matter   | to the following:   |  |                    | ٠.    |   |
|             |                                  | 1  |   |  |                    |       |   |
|             | •                                |  | GILAD BAR-CHAIM   | •  | •                  |       |   |
|             |                                  | ; .  | Name of Person  | · · · · ·  |                    |       |   |
|             |                                  | 1  |   |  |                    | •     |   |
|             |                                  | C/O GEI  | FOND & ASSOCIATES PA  | <del></del>  |                    |       |   |
|             |                                  | • ,  | Firm/Company  | •  |                    |       |   |
|             |                                  |  | P O BOX 6006  |  |                    |       |   |
|             |                                  | :  | Address   | <del></del>  | <u> </u>           | 2     |   |
|             |                                  |  |   | i  | 经验                 | ==    |   |
|             |                                  | ВС   | OCA RATON FL 33427  |  | 至高                 |       |   |
|             |                                  | :: <u>-</u>  | City/State and Zip Code   |  | 沙里!                | 1,    | 3 |
|             |                                  | WGELFC   | OND@GELFONDCPAS.COM to be used for future annual report notification)   | <del></del>  |                    |       |   |
| F 6         | .l                               | ; 4  | •   | •  | T'S                | 3     |   |
| ror run     | iner information                 | concerning this matter, please   | call:   |  | 22                 | 8: 49 |   |
|             | WENDY                            | R GELFOND CPA  | at ( 561 ) 392-2  | 696  | 500                | Ğ     |   |
|             | Name                             | of Person  | Area Code & Daytime Teleph  | one Number   | <del></del> ·      |       |   |
|             |                                  |  |   |  |                    |       |   |
| Enclose     | ed is a check for                | the following amount:  |   | •  |                    | . ,   |   |
| <b>\$25</b> | .00 Filing Fee                   | 4 \$30.00 Filing Fee & Certificate of Status                           | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | \$60.00 Filing<br>Certificate of<br>Certified Co<br>(additional of | of Status &<br>Opy |       |   |
|             |                                  | • .  |   |  |                    |       |   |
|             | Regis:<br>Divisi<br>P.O. E       | tration Section<br>ion of Corporations<br>Box 6327<br>nassee, FL 32314 | STREET/COURIER AD<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Cin<br>Tallahassee, FL 32301 | · · · · · · · · · · · · · · · · · · ·                              | -                  |       |   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| - ALLIED GEM LLC  |                  |           |                |          |         |
|---|------------------|-----------|----------------|----------|---------|
| (Name of the Limited Liability Company as it now appe<br>(A Florida Limited Liability Company   | ears on our reco | ords.     |                |          | •       |
| The Articles of Organization for this Limited Liability Company were filed on   | JUNE 13,         | 2011      | and <i>a</i>   | ssigne   | ed      |
| Florida document number L11000068992  |                  | •         |                |          |         |
| •   |                  | :         |                |          |         |
| This amendment is submitted to amend the following:   |                  |           |                |          |         |
| A. If amending name, enter the new name of the limited liability company h  | <u>ere</u> :     | 1         |                |          |         |
|   |                  | •         |                |          |         |
| The new name must be distinguishable and end with the words "Limited Liability Com"L.L.C."  | pany," the desig | nation "L | LC" or th      | e abbre  | viation |
| Enter new principal offices address, if applicable:   |                  | · · · · · | ASS.           | <u> </u> |         |
| (Principal office address MUST BE A STREET ADDRESS)   |                  |           | PH             | ፷_       |         |
| • • • • • • • • • • • • • • • • • • •   |                  |           | 35 E           | 1        |         |
|   |                  |           | E C            | J20      | T       |
| Enter new mailing address, if applicable:   |                  |           | E.S.           | #        | del an  |
| (Mailing address MAY BE A POST OFFICE BOX)  |                  | ,         | 82             | ÷.       |         |
|   |                  | ,         | N              | <u> </u> |         |
| :   |                  |           |                |          |         |
| B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: | our records,     | enter t   | <u>ne name</u> | of th    | e nev   |
|   |                  | :         |                |          |         |
| Name of New Registered Agent:   |                  |           |                |          |         |
| New Registered Office Address:  |                  |           |                |          |         |
|   | Enter Florida si | reet addi | ess            |          |         |
| :<br>:  | , Flo            | rida _    |                |          |         |
| City  |                  | · · ·     | Zin Co         | do       |         |

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 Lam 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> Name **Address** MORDECHAI BAR-CHAIM -MGR 7549 ANDORRA PL Add **BOCA RATON, FL 33433** Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 27 2011 Dated\_ gnature of a member or authorized representative of a member Wendy R Gelfond C.P.A. Typed or printed name of signee

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Filing Fee: \$25.00