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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

JUL 8 2011

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLIED GEM 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:

GILAD BAR-CHAIM

Name of Person

C/O GELFOND & ASSOCIATES PA

Firm/Company

P O BOX 6006

Address

BOCA RATON FL 33427

City/State and Zip Code

WGELFOND@GELFONDCPAS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY R GELFOND CPA

Name of Person

at ( 561 )

392-2696

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

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ALLIED GEM LLC

Page 1 of 2

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:

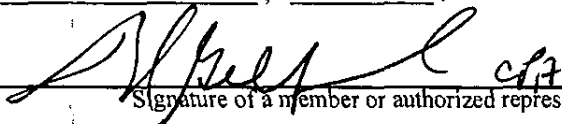
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MORDECHAI BAR-CHAIM	7549 ANDORRA PL BOCA RATON, FL 33433	<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
			<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 JUNE 27, 2011

  
Signature of a member or authorized representative of a member

Wendy R Gelfond C.P.A.  
Typed or printed name of signee

SECRETARY OF STATE  
JALAHN SEE, FLORIDA

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