8/30/12

Division of Corporations

L12000008019

Florida Department of State
Division of Corporations

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

From:
Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.
Account Number : 120120000058
Phone : (305)438-7671
Fax Number : (866)895-8710

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

Email Address: EPUKA76@AOL.COM

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

REAL MITRE TEAM LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

D. BRUCE

AUG 31 2012

EXAMINER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REAL MITRE TEAM 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 01/18/2012 and assigned Florida document number L12000008019.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable: N/A
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A
(Mailing address MAY BE A POST OFFICE BOX)

12 AUG 30 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: N/A

New Registered Office Address: N/A
Enter Florida street address

_____, Florida _____
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.

_____
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

Title	Name	Address	Type of Action
MGR	GROSHAUS, ARIEL	4700 SHERIDAN ST STE J HOLLYWOOD, FL 33021	☐ Add ☑ Remove
MGR	FERNANDEZ LOPEZ,LUIS	4700 SHERIDAN ST STE J HOLLYWOOD, FL 33021	☐ Add ☑ Remove
MGR	FRIEDLANDER, JORGE	4700 SHERIDAN ST STE J HOLLYWOOD, FL 33021	☐ Add ☑ Remove
MGR	GABRIEL TOIBERMAN	18811 NE 18TH AVE NO. MIAMI BEACH, FL 33179	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated AUGUST 30, 2012.

ARIEL GROSHAUS
Signature of a member or authorized representative of a member

ARIEL GROSHAUS
Typed or printed name of signee

Filing Fee: $25.00