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From:

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

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PAGE 2

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	RENDIC GRA	PHIC SYSTEMS, LL	С
		ited Liability Company	
	of Amendment and fee(s) are su		
		Jerko Rendic	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	RENDIC	C GRAPHIC SYSTEMS,	LLC
		Firm/Company	
	2937 8	SW 27th Avenue, Sulte 1	104
		Address	
	,	Mlami, Florida 33133	
		City/State and Zip Code	
	Marie E-mail address: (ne.cabello@rendlcgs.co to be used for filture annual report i	m inlification)
For further information	concerning this matter, please o	call:	
J	enko Rendio	at (305)	702-2193
Namo	of Person		ytima Telephano Number
Enclosed is a check for	the following amount:		
 	\$30.00 Filing Poo & Certificate of Status	\$55.00 Filing Pee & Centified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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 Tailahassee, PL 32301

(((H12000189561 3)))

ARTICLES OF AMENDMENT **FILED** Jul 24, 2012 08:00 AM ARTICLES OF ORGANIZATION OF **Secretary of State**

RENDIC GRAPHIC	SYSTEMS	, LLC	
(Name of the Limited L	ny as it now apper Liability Company)	na on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	03/28/2012	and assigned
Florida document numberL12000043480			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company he	<u>ire</u> r	
The new name must be distinguishable and end with the words "Limi"L,L,C,"	ited Liability Comp	any," the designation "Li	C" or the abbreviation
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDRESS)	2937 SW 27th Avenue, Suite 104		
	Miami, Florid	da 33133	
Enter new mailing address, if applicable:	2937 SW 27	th Avenue	
(Mulling address MAY BE A POST OFFICE BOX)	Suite 104		
	Miami, Flori	da 33133	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter th	ie name of the ney
Name of New Registered Agent:			
New Registered Office Address:	F	nter Florida street addr	229
	12		V
	Clty	, Florida	Zip Code
New Registered Agent's Stonature, if changing Registered Agent:	•		2.5 0000

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

Page 1 of 2

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If amonding 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 = Mai MGRM = M	nager Ianaging Momber		
Title	Name	Address	Type of Action
***************************************			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u>.</u>		Add Remove
		or change(s) here: (Anach additional sheets, if necessary.) es: 2937 SW 27th Avenue, Suite 104, Miami, Florida 3313	1
_			_
	111177.42	20.40	_
Dated	JULY 19	, <u>2012</u> ,	
	Signature of	Ronald A. Kriss, Esq. Typed or printed name of algree	

Page 2 of 2

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