Division of Cor **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : DAVID TORCHIN, C.P.A., P.A.

Account Number : T19990000007 : (954)472-3124 Phone Fas Number : (954)323-6301

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D. BRUCE

MAY 17 2012

EXAMINER

Electronic Filing Menu — Corporate Filing Menu

Help

H12000/327533

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Managers, LLC	
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/02/2012	and assigned
Florida document number <u>L12000059344</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "T. L.C."	Limited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		Z
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	[[2 2 3 3 4 5 5 6 7 5 6 7 7 7 7 7 7 7 7 7 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida	street address)
	minimania indicata di manana ind	orida
	(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)

Page 1 of 2 A 12 0 00 1 3 2 75 3 or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u> Vitle</u>	<u>Name</u>	Address	Type of Action
MGRM	Fred Abramovitch	5531 N University Dr. # 103	
		Coral Springs, Fl 33067	Remove
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Dated	May 16 2012	2	ED STATE FLORIDA
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Filing Fee: \$25.00