

11/14/2013 13:05 3053816225 MARCELL FELIPE ATTORNEY PA 01/04
Division of Corporations Page 1 of 1
L13000011293

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000252322 3)))



H130002523223ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : MARCELL FELIPE, P.A.
Account Number : I20110000064
Phone : (305) 381-8500
Fax Number : (305) 381-6225

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

Email Address: nmunoz@marcellfelipe.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DE CREW CIRCLE GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY
EXAMINER
NOV 15 2013

Electronic Filing Menu Corporate Filing Menu Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DE CREW CIRCLE GROUP 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 01/23/2013 and assigned
Florida document number L13000011293

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1001 BRICKELL BAY DRIVE

SUITE 1800

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1001 BRICKELL BAY DRIVE

SUITE 1800

MIAMI, FL 33131

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:

MARCELL FELIPE, ESQ.

New Registered Office Address:

1001 BRICKELL BAY DRIVE, SUITE 1800

Enter Florida street address

MIAMI

Florida 33131

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.

(Signature)
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHAY BEN MOHA	1001 BRICKELL BAY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 1800	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
MGR	SHMUEL HEN	1001 BRICKELL BAY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 1800	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
MGR	ILAN HONDIASHVILI	1001 BRICKELL BAY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 1800	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
MGR	LIRON KNOT	1001 BRICKELL BAY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 1800	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	ALL MGRM'S	PLEASE REMOVE ALL	<input type="checkbox"/> Add
		PREVIOUS MGRM'S	<input checked="" type="checkbox"/> Remove

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

Dated October 23 2013


Signature of a member or authorized representative of a member

SHMUEL HEN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00