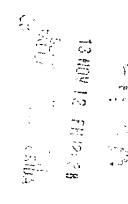
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COVER LETTER

TO:	Registration Se Division of Cor				
		OUP MIRAMAR LLC			
SUBJI	ECT:	Name of Limit	ed Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Yosef Y Kanner			
			Name of Person		
			Firm/Company		
	Address				
		Hallandale FL 33008	l		
		y@floridastatetrust.c			
		E-mail address: (t	o be used for future annual report notificat	ion)	
For fu	rther information c	oncerning this matter, please co	all:		
Yose	f Kanner		717 467-1680		
	Name o	f Person	at ()Area Code & Daytime To	elephone Number	
Enclos	sed is a check for th	he following amount:			
\$2 :	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG GROUP MIRAMAR LLC

(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp L13000016610 Florida document number	pany were filed on and assigned
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 "I'L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviate
Enter new principal offices address, if applicable:	6015 Washington Street
Principal office address MUST BE A STREET ADDRESS	Suite 200
Trincipal Office dudress MOST BE TISTREET TODALS	Hollywood, Florida 33023
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	***
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address: 6015 Wa	ashington Street, Suite 200
The Translation Office Produces.	Enter Florida street address
Hollywor	od 33023

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.

City

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Name</u> **Address Type of Action** Title Gratsians, shely Po Box 820 Hallandale FL 33008 Po Box 820 Gratsiani, Gideon M.G. Hallandale FL 33008 DYC Group UC Remove ٠٠. Remove Remove Add Remove

· · · · · · · · · · · · · · · · · · ·	
	
UKo	mlk
4	Signature of a member or authorized representative of a member
Yose	f Y Kanner
	Typed or printed name of signee
	D 1 -61

Page 3 of 3

Filing Fee: \$25.00