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SECRETARY OF STATE
ORIDA

JUL 1 7 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bran Creensovon, Esq.
Law Offices of Brian N. Greenspoon, P.L.
700 D. Hillsboro Blod., Bldg. 4, Site 266
Deer field Beach FC 37441  City/State and Zip Code  b Spron 72 Damail. Com  TE-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bran Greenspoon, Esq., at (954) 531-1821 Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

EILED WINS National Afficates (Company as it now appears on our records.)

(A Florida Limited Liability Company) 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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, <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>Title</u> <u>Name</u> <u>Address</u> Type of Action MGRM Michael Shrartsman 3435 NW 112th Street Add Miami, F1 33167 1 Remove MGR Frank Rivero 3435 NW 112 12 Street WAdd Miami, El 33167 Remove Remove Remove Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
-	
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ated	July 12, 2013.
	3-2
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member  Bran Greenspoon, Esq.  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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