Γ	MENT # L96000		יאי (ט	DN)					
1. Entity Name MARSHALL WEINERMAN ENTERPRISES, L.L.C.					FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS				
					OO JAN 31 AM 8: 09				
Principal Place of Business Mailing Address 7496 REXFORD ROAD 7496 REXFORD ROAD						UU JAN 3	I An C	 	
BOCA RATON		BOCA RATON FL 33434	5169						
2. Principal P	Place of Business 3	Mailing Address			i		iii ii iii) fi iii f	())) (1))) (1))	11111 110 11 120 1 100 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 22-3608466 Applied For Not Applied				
Zip	Country	Zip	Country			cate of Status (Fee Re	Additional quired
6. Name and Address of Current Registered Agent Name Name									
FIRST UN	RICHARD J. ALAN ION FINANCIAL CENTER, SUITE 1050			<u> </u>		Mber is Not A	<u> </u>	C. Alm	<u>р. А.</u>
1	ANTZ, SCHATZMAN, AARONSON & C 33131-2394	AHAN	5 City	1201. 6	Blue mi	lagoon	Drive	Scute FL Zig	100 Code 101
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of					State				ı
9.	MANAGING MEMBERS	/MEMBERS	10.			ADI	DITIONS/CH	IANGES	
TITLE RAME STREET ADDRESS GITY-ST-ZIP	MGRM WEINERMAN, MARSHALL 7496 REXFORD ROAD BOCA RATON FL 33434	☐ Celets	TITLE NAME STREET ADDI CITY-8T-ZIP	-		7000		2135 00-01099 0.00 **	771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WEINERMAN, IRENE 7496 REXFORD ROAD BOCA RATON FL 33434	☐ Deleto	TITLE NAME STREET ADDR	,				☐ Cita	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GURFINKEL, SAMUEL 7496 REXFORD ROAD BOCA RATON FL 33434	Delete	TITLE NAME STREET ADDI CITY-87-ZIP	l l				Cha	nge 🗋 Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MEM GURFINKEL, ROSE 7496 REXFORD ROAD BOCA-RATON FL 33434	□ Deleto	TITLE WAME STREET ADDI CITY-87-21P			X) 		Cha	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Desirite	TITLE NAME STREET ADDR CITY- ST- ZIP	ſ				Cha	ngo 🗌 Addition
NAME STREET ADDRESS CITY-ST-ZIP)	Delete .	TITLE NAME STREET AUDR CITY- ST- ZIP	ſ				☐ Cha	nge 🔲 Addition
indicated	certify that the information supplied with this on this report is true and accurate and that bility company or the receiver or trustee em	my signature shall have	the same legal	i effect as if ma	ade under	oath; that I am	Statutes. I fur a managing	rther certify that member or ma	nager of the

SIGNATURE: X SUNTURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

MARS AAH WEINEMAN

1/20/00 H87-841;