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SECRETARY OF STATE
AN LANASSEE, FLORIDA

J. BRYAN

AUG 17 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT:	SCHOENDORFER	GROUP HOLDING	S, LLC	
			ted Liability Company		_
	,				
The end	्रे closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
		condence concerning this matter	_		
		(George Schoendorfer		
			Name of Person		
		Schoen	Schoendorfer Group Holdings, LLC		
			Firm/Company		
			20571 SW 87 Court		
			Address		
					SEC
		Cutle	r Bay, Florida 33189-73	348	二 经销售工
			City/State and Zip Code		夢って
		gs:	choen911@gmail.com to be used for future annual report	l natification)	
		E-man address: (to be used for future aimual report	nonneanon)	TO: Z
For fur	ther information	concerning this matter, please of	eall:		FILEU 2: 45 NO 16 PM 2: 45 LLAHASSEE, FLORIDI
	Geor	ge Schoendorfer	at (305)	710-7400	
	Name	of Person	Area Code & D	aytime Telephone Nun	nber
Enclose	ed is a check for	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certii closed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	MAII	LING ADDRESS:	STREET/CO	OURIER ADDRESS	S:

TO:

MAILING ADDRES
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEORGE SCHOENDORFER HOLDINGS LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)	**************************************
The Articles of Organization for this Limited Liability Company	were filed on	12/23/2005	and assigned
Florida document numberL05000121979			
Γhis amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>.</u> e:	
The new name must be distinguishable and end with the words "Limit L.L.C."	ed Liability Compa	my," the designation "L	LC" or the abbreviati
Enter new principal offices address, if applicable:		1.	<u> </u>
Principal office address MUST BE A STREET ADDRESS)			
			是一
Enter new mailing address, if applicable:			SSEE.
Mailing address MAY BE A POST OFFICE BOX)			25.07
			10 m
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter t	he name of the r
Name of New Registered Agent:	_/_		<u></u>
New Registered Office Address:		ter Florida street add	
	Eñ		ress
	City	, Florida	Zip Code

If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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 Title **Address** Type of Action Name MGR LOREN C. MATTHEWS 6703 SW 88 Street #405 √ Add Pinecrest, Florida 33156 Remove Remove Add Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 12 2010 Dated ___ Signature of a member or authorized representative of a member GENGE SCHOENDORFER MGRU Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00