45000147725

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COVER LETTER •

TO: Registration Division of C		•	
The Bind	let LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
	pondence concerning this matter		
	Brett Cofman		
		Name of Person	
	The Bindel LLC		
	いた 1200 West Avenue. Ezzie 1		
		Address	
	Miami Beach, FL 33139		
		City/State and Zip Code	
	brettcof@gmail.com		
		to be used for future annual report noti-	fication)
For further information	concerning this matter, please co	all:	
Brett Cofman		636 751-8080	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed 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 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

The Bindel LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L15000147725	y were filed on <u>08/27/2015</u>		and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company "the designation at LC"	- 4 11		
	المرابع المراب	or the abbrevi		C."
Enter new principal offices address, if applicable:	1200 West Avenue, Hait 1505		2917	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	·	30	4.3
		* .	<u> </u>	7
				•
Enter new mailing address, if applicable:		,	PH	;
(Mailing address MAY BE A POST OFFICE BOX)		٠,	•••	
			-23	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records,	enter the	name o	of the ne
Name of New Registered Agent:	 			
New Registered Office Address:				
	Enter Florida street address			
	, Flori	da		
	City		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> <u>Name</u>		Name Address	
AMBR	Rebecca Murday	16 Chancey Street, Apt. #28	Type of Action
		Cambridge, MA 02138	
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Note: I	ent's effective date on the Department	c and cannot be prior to date of filing or more than not meet the applicable statutory filing requi of State's records.	rements, this dat	g.) Pursua e will no	t be lis	ited as t
	out day after the record is the	ed. '				. 5. 01.
Dated _	October 17	_ 2017				
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		Typed or printed name of signee		• • •		ح ا
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		Page 3 of 3		. 5	2	

Filing Fee: \$25.00