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SECRETARY OF STATE
ALLAHASSEE, FLORID

M. THOMAS

AUG - 3 2009

EXAMINER

COVER LETTER

	tration Section on of Corporations
SUBJĘCT: _	S. Binderoff family Holdings, LLC Name of Limited Liability Company
The enclosed A	articles of Amendment and fee(s) are submitted for filing.
Please return a	l correspondence concerning this matter to the following:
	Ruth Binderoff Name of Person
	S. Binderoff Family Holdings, LLC
	11361 Ohanu Ciecle
	Boynton Beach Florida 33437 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	h Binderoff 366 1386030
	Name of Person at (561) 1386030 Area Code & Daytime Telephone Number
	heck for the following amount: Ing Fee \$\\$30.00 \text{ Filing Fee & } \text{ \$\\$55.00 \text{ Filing Fee & } \text{ \$\\$60.00 \text{ Filing Fee, } \text{ Certificate of Status & } \text{ Certified Copy } \text{ \$\text{ Certified Copy } \$\text{ Cert
\rightarrow	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 (additional copy is enclosed) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S. Binderoff	- Famil	y Holdings	LLC		
(<u>Name of the Limited L</u> (A F					
The Articles of Organization for this Limited Liab	bility Company we	-1-	1/03	and assigne	:d
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of t</u>	he limited liabilit	y company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	l Liability Company," th	ne designation "LLC"	or the abbre	 eviation
Enter new principal offices address, if applical	ble:		TALLU	2009	11
(Principal office address MUST BE A STREET	'ADDRESS)		五元	3 3	=
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	- <u>OX)</u> .		SEE, FLORID	AH 12: 24	HO
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on our re	ecords, enter the	name of th	ie new
Name of New Registered Agent:					
New Registered Office Address:			·····		
		Enter Flo	orida street address	i	
		City	, Florida	Zip Code	
Nam Designational Assent's Cianatura if shanging De	agistaned Agants	,	-	-7 -5000	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address** Type of Action <u>Name</u> Ruth Binderoff 11361 Ohanu Circle Add Remove ☐ Add Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7/24/09 Dated_ Signature of a member or authorized representative of a member BinderoA Typed or printed name of signee

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