## LD5000014475

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
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(Business Entity Name)							
(Document Number)							
(2000							
Certified Copies Certificates of Status							

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L. SELLERS

JAN 27 2011

**EXAMINER** 

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

· Division of Co	rporations						
SUBJECT:	J.D. RUBEN	STEIN FAMILY LLO	<b>&gt;</b>				
	Name of Limi	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Deborah Love						
		Name of Person					
Friedman, Rosenwasser & Goldbaum, P.A.							
Firm/Company							
5355 Town Center Rd., Suite 801							
Address							
Boca Raton, Florida 33486							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information	concerning this matter, please of	call:					
Deborah Love		at (_561 )	395-5511				
Name of Person		Area Code & Daytime Telephone Number					
Enclosed is a check for t	the following amount:						
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee,   Certificate of Status &   Certified Copy   (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations		STREET/C Registration Division of 0	OURIER ADDRESS: Section Corporations				
P.O. Box 6327		Clifton Build					

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.D.	RUBENSTE	<u>IN FAMILY L</u>	<u>LC</u>		_		
(Name of the Limited	Liability Compai Florida Limited L	ny as it now appear liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company were filed on06/28/2005 and as Florida document numberL05000064475							
This amendment is submitted to amend the following	lowing:						
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>·e</u> :				
The new name must be distinguishable and end with L.L.C."	ith the words "Limi	ted Liability Compa	any," the designation	"LLC" or	the abbre	—— viation	
Enter new principal offices address, if applic	17534 Grand Este Way						
(Principal office address MUST BE A STREE	Boca Raton, Florida 33496						
Enter new mailing address, if applicable:	17534 Grand Este Way						
(Mailing address MAY BE A POST OFFICE	Boca Raton, Florida 33496						
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	ffice address her	e: nd Este Way En soca Raton	our records, <u>enter</u> eter Florida street ac , Florida	RECEIVED AND ADDRESS TO ADDRESS T	ne of the		
		City	, 1 101 144 _	Zip	<b>2</b> ode		

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 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 Type of Action **Address Title** <u>Name</u> ☐ Add Remove ☐ Add Remove \_ Add Remove ☐ Add Remove  $\prod$ Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_\_ January 17 2011 Signature of a member or authorized representative of a member Runald Ronald N. Rosenwasser, Authorized Representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00