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COVER LETTER

	legistration Sel Pivision of Cor				
SUBJECT	DLER LLC				
	· · · · · · · · · · · · · · · · · · ·		ted Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
	KATHY J. HENDLER				
			Name of Person		
	HENDLER LLC				
Firm/Company					
13000 SANDY PINE LANE					
			Address		
		CI	LERMONT, FL 34711		
		1 154 15	City/State and Zip Code		
		E-mail address: (t	DLERLLC@GMAIL.COM o be used for future annual report notification)		
For furthe	r information co	oncerning this matter, please c	all:		
		Y J. HENDLER	at (352) 348-9995		
Name of Person			Area Code & Daytime Telephone Number		
Enclosed	is a check for th	e following amount:			
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)		
		•			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		
, and graphs		no 147, http://www.high.com	Tallahassee, FL 32301		

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		SECRET	111 4:58
	HENDLER LLC	TALLAHA	COSTATE
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.	ARY OF STATE SSEE, FLORIDA
,	A Florida Enfined Elability Company)		
The Articles of Organization for this Limited I	Liability Company were filed on	10/23/2007	and assigned
Florida document numberL0700010	7176 .		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		our records, <u>enter t</u>	he name of the new
	13000 SANDY PINE LANE		
New Registered Office Address:		ter Florida street addi	ress
	CLERMONT	. Florida	34711
	City	, i ioi ida	Zip 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KATHY J. HENDLER	13000 SANDY PINE LANE CLERMONT, FL 34711	Add ✓ Remove
MGRM	TRUST DATED 8/12/10	KATHY J. HENDLER REVOCABLE TRUST KATHY J. HENDLER, TRUSTEE	✓ Add Remove
	<u>. </u>	↓ 13000 SANDY PINE LANE CLERMONT, FL 34711	Add Remove
			Add Remove
			☐ Add ☐ Remove
			Add Remove
D. If an	nending any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	ery.)
	BUSINESS IS OWNED BY KATHY	J. HENDLER REVOCABLE TRUST	
	KATHY J. HENDLER TRUSTEE		
	UTD 08/12/10 FBO SAME		FIL) AUG 30 :CAETAR LLAHASS
			PM :
Dated	Kithi Vi	Vendler	2: 59 STATE LORIDA
	- / / //	or authorized representative of a member THY J. HENDLER	
		or printed name of signee	

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Filing Fee: \$25.00