# L08000010792

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11 AUG 31 AM II: 29
SECRETARY OF STATE

T. HAMPTON
SEY = 1 2011

# **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJI	7 <b>CT</b> ∙	Sina Fam	nily Holdings LLC	
30,001			ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sul	bmitted for filing.	
Please	return all correspond	dence concerning this matter	r to the following:	
David J. Brown				
Name of Person				
David J. Brown, Inc.				
Firm/Company				
11360 Jog Road, Suite 200				
	Address			
Palm Beach Gardens, Florida 33418			<b>,</b>	
	City/State and Zip Code			
	david.j.brown@lendlease.com  E-mail address: (to be used for future annual report notification)			ation)
For fur	ther information con	cerning this matter, please of	call:	
		d J. Brown		91-9900
	Name of P	erson	Area Code & Daytime	Telephone Number
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 enclosed)	Sectificate of Status & Certificate 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**

11 AUG 31 AM 11: 29

SECRETARY OF STATE

Sina	a Family Holdings LL0	SECRETARY C	FLORIDA
( <u>Name of the Limited Li</u> (A FI	ability Company as it now apported Limited Liability Company	ears on olff Yecords.	
The Articles of Organization for this Limited Liab	ility Company were filed on _	January 30, 2008	_ and assigned
Florida document numberL0800001079	92		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company h	ere:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre.	SS
	City	, Florida	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 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 Title **Name Address Type of Action** MGR Mark Kearns 3263 LAUREL RIDGE CIRCLE ☐ Add RIVIERA BEACH FL 33404 US ✓ Remove MGRM Sharon Sina 11360 Jog Road, Suite 200 √ Add Palm Beach Gardens, Florida 33418 Remove MGRM Malcolm S. Sina 11360 Jog Road, Suite 200 ☐ Add Palm Beach Gardens, Florida 33418 MGRM Robert M. Sina 11360 Jog Road, Suite 200 ∏ Add Palm Beach Gardens, Florida 33418 Remove Bryan Sina Mbrn TA Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 31 Dated Signature of a member of authorized representative of a member

Malcolm S. Sina, Managing Member
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00