108000061281

(Requ	estor's Name)	
(Address)		
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Docu	ment Number)	
Certified Copies	Certificates of Status	
Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	SAACSON HOI (Name of Limit	DINGS, LLC	
•	(Name of Limit	ed Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Willian	(Name of Person)	
		(Name of Person)	
		(Firm/Company)	
	130 WEST	COCONUT PAIM (Address)	ROAD
	BOCA RAT	UN FL 3.	3432_
		(City/State and Zip Code)	
For further information co	oncerning this matter, please cal	11:	
KEVIN M.	CARROII f Person)	at (54/) 289-109 (Area Code & Daytime 7	7.5 Telephone Number)
		·	•
Enclosed is a check for th	e 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



November 18, 2008

WILLIAM K. ISAACSON 130 WEST COCONUT PALM ROAD BOCA RATON, FL 33432

SUBJECT: ISAACSON HOLDINGS, LLC

Ref. Number: L08000061281

We have received your document for ISAACSON HOLDINGS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

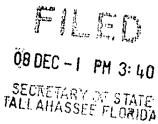
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 208A00057631

Neysa Culligan Document Specialist

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



TSAACSON HOISINGS, LLC

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document numberLO8 00006/28/	were filed on June 23, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u>,</u>	
(Principal office address MUST BE A STREET ADDRESS)	130 WEST COCONUT BOCA RATON, FL	- PAIM ROND
	BOCA RATON, FL	33432
Enter new mailing address, if applicable:	130 WEST COCONUT BOCA KATON, FL 3	
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 3	3432
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	2:	
New Registered Office Address: 13	30 WEST COCONUT PH	IM ROAD
A SA	BO WEST COCONUT PK (Enter Florida street ad A RATON , Florida, (City)	(dress)
₹ £ 200	R KATON, Florida	33432_ (Zin Codo)
New Registered Agent Signature, if changing Registered Agent:	(Cuy)	(Lip Coue)
A A A A A A A A A A A A A A A A A A A		

I hereby appropriate appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all tatutes 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, 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>itle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	
			O DEC
			PM 3: 40
Dated	November 25	2008	
		mber or authorized representative of a member Scace o -	

Page 2 of 2

Filing Fee: \$25.00