## L080000081182

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	(Address)
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

## COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: BARK	OWSOWITZ FAMIL			+
	(Name of Lim	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Paul S Mills		
		(Name of Person)		
		(1.00.00		
			As B	
		(Firm/Company)	2008 OCT SECRET	1
	168	(Address)	SSE -	
		(Addiess)	ES D	
	De	Iray Beach, FL 33484	A 10: 2' OF STATE E. FLORIC	
		(City/State and Zip Code)	21 RE 21	
			>	
For further information of	oncerning this matter, please c	all:		
Paul Mills	of Person)	at (561 ) 414-8484 (Area Code & Daytime T	'elenhone Number)	
(Name)	or reison)	(Alea Core de Dayunie I	ciepione Hamoer)	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	2330.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is en	
	ING ADDRESS:	STREET/COURIER	ADDRESS:	
	ration Section on of Corporations	Registration Section Division of Corporation	ons	
	ox 6327	Clifton Building	<del></del>	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARKOWSOWITZ FAMILY LENDER	•		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as <mark>it now appears on our re</mark> liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company	were filed on August 25, 20	008	and assigned
Florida document number L08000081182			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
BARKOWSOWITZ FAMILY FOUNDATION, LLC			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the de	2008 SEC ALL	d and the same
Enter new principal offices address, if applicable:	<u> </u>	AH C	11
(Principal office address MUST BE A STREET ADDRESS)		TAR ASS	
		ino /	
		FL01/	
Enter new mailing address, if applicable:		OF 2 TATE ORID	
(Mailing address MAY BE A POST OFFICE BOX)		> <u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		as, <u>enter the t</u>	iame of the new
	-		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
		Florida	
<del></del>	(City)		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

	<u>Name</u>	Address	Type of Action
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Page 2 of 2

Filing Fee: \$25.00