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(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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AUG 2 2 2013

T. HAMPTON

COVER LETTER

TO: Registration Sect Division of Corpo		* * * * * * * * * * * * * * * * * * *	
SUBJECT: HENDBUR	RG HOLDING, LLC		
SUBJECT: MENDEON		ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	ANTHONY S. AD		
		Name of Person	
	ANTHONY S. ADE	LSON, PA	
		Firm/Company	
	EA1 COLDEN TO	no parte curme 202	
	501 GOLDEN ISL	ES DRIVE, SUITE 203 Address	a de de de silve de s
	HALLANDALE BEAG		Annua and All Control of the Control
	C	City/State and Zip Code	
	fun_tex@hotm	nall.Com be used for future annual report notificati	on)
To Godhan in Commission	•	·	y
For number information coi	ncerning this matter, please ca	II:	
ANTHONY S. ADE	LSON	at (954) 458-9238	
Name of I		Area Code & Daytime Te	elephone Number
Enclosed is a check for the	following amount:		
24 \$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

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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

HENDBURG HOLDING, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on MARCH 24, 2011	and assigned
Florida document number L11000035754	·	0.√s 13
This amendment is submitted to amend the following:		FILE ECRETARY ISIDH OF CO NUG 21
A. If amending name, enter the new name of the lin	mited liability company here:	PR PROPERTY
		# X
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	
B. If amending the registered agent and/or regi		the name of the new
registered agent and/or the new registered office ad	iaress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	, Florida	
	Ciţ	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TOUFIC BALLAS	1755 E. HALLANDALE BEACH BLVD #	602 Add
		HALLANDALE BEACH, FL 33009	Remove
MGR_	TOUFIC BALLAS	1755 E. HALLANDALE BEACH BLVD #	602 (Add
		HALLANDALE BEACH, FL 33009	Remove
			Add
			Remove
			SECRETONISIONISIONISIONISIONISIONISIONISIONIS
			PH 1:39
ntana ang ang ang kanahala kahala na mang	<u></u>		Add
			Remove
ANALOGOTATION			Add
			Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
_	
ited	July 17/2013, ,
	The state of the s
	Signature of a member or authorized representative of a member
	TOUFIC BALLAS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIMILON DIVISION OF COSTON TO 1:39