L11000036569

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2011 OCT -4 PM 12: 26
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

C. LEWIS

OCT 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GOLDMINTZ & HENDRIX, LL C Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JAMES E HENDRIX, JR. Name of Person			
Firm/Company			
12717 W. SUNRISE BLVD, STE 257			
SUNRISE, FL 33323 City/State and Zip Code			
im. hendrix@comcast.net E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
James Hendrix at (954) 288-4694 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

20th OCT -4 PM 12: 26

GOLDMINTZ & HEND	PRIX, LLC	SECRETARY OF STATE	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records ALL AHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000036569</u> .	were filed on MA	RCH 28, 2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab Hendrix and Hendrix Cons The new name must be distinguishable and end with the words "Limi" L.L.C."	ultina. LL	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
·		, Florida	
	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

MGRM = Managing Member **Type of Action Address** <u>Title</u> <u>Name</u> JULIE W GOLDMINTZ 12717 W SUNRISE BLUD MGR □ Add Remove M.L. Hendrix MGR Add 🔀 Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00