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B. BOSTICK JAN − 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

Surgert. 230 Hendricks Isle, LLC

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:

Jay E. Auerbach, Esq.

Name of Person

KHANI & AUERBACH

Firm/Company

2338 Hollywood Blvd.

Address

Hollywood, FL 33020

City/State and Zip Code

jay@hollywood-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay E. Auerbach, Esq.

___954\921**-1517**

Name of Person

Area Code & Daytime Telephone Number

Enclosed 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)

□\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

230 Hendricks Isle, LLC			
(Name of the Limited (A	Liability Company as it no Florida Limited Liability C	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Li Florida document number L12000157336	ability Company were file	ed on December 17, 20	012 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applications	able:		13
(Principal office address MUST BE A STREE	T ADDRESS)		ARE A TI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	<u></u>		2 PM 4: 30 SEE, FLORIDA
B. If amending the registered agent and/or the new registered of		ress on our records, ent	er the name of the new
Name of New Registered Agent:	Patricia Johnson		<u> </u>
New Registered Office Address:	6000 ISLAND BLV	 	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address		
	Aventura	, Florida	33160
	City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

Page T of 3

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 pereby 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 **Title** <u>Name</u> **Address Type of Action** Remove Remove

	SEURE BARY OF STATE TALLAHASSEE, FLORIDA	Add Remove
 		Add Remove
		Add Remove

. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
-	.
December 26	2012
Signature of Patricia Johnson	a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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