

#L14000122208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 11 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Binyan Ventures 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:

Yosef C Dworcan

Name of Person

Binyan Ventures LLC

Firm/Company

5991 Chester Avenue Suite 208

Address

Jacksonville, FL 32217

City/State and Zip Code

yossi@binyanventures.com

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

For further information concerning this matter, please call:

Yosef C Dworcan

Name of Person

at **646 410-1779**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BINYAN VENTURES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/05/2014 and assigned
Florida document number L14000122208.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5991 Chester Avenue

Suite 208

Jacksonville, FL 32217

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5991 Chester Avenue

Suite 208

Jacksonville, FL 32217

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

5991 Chester Avenue Suite 208

Enter Florida street address

Jacksonville

City

, Florida 32217

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JHH INVESTMENT GROUP LLC	5929 RAMONA BLVD	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32205	<input type="checkbox"/> Remove
MGRM	DWORCAN, YOSEF C	10185 COLLINS AVENUE	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input type="checkbox"/> Remove
MGRM	PRIME REI LLC	10185 COLLINS AVENUE	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input type="checkbox"/> Remove
MGRM	Prime REI LLC	5991 Chester Avenue	<input type="checkbox"/> Add
		Suite 208	<input type="checkbox"/> Remove
		Jacksonville, FL 32217	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 JACKSONVILLE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **4 SEPTEMBER**, **2014**



Signature of a member or authorized representative of a member

YOSEF C DWORCAN

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA