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SECRETARY OF STATE

D. BRUCE
JUN 1 5 2009
EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SÚBJÉČT:		Spa 309, LLC			
The enclosed Articles of	f Amendment and fee(s) are su	ibmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
	Не	enry H. Bloom, Preside	nt		
	The	Bloom Organization, L	LC		
	Monmouth Park C	Firm/Company orp Center I, Bldg A 18	17 Pouto 36 #210		
	Wollingth Fark C	Address	7 Koule 30,#210		
	Wes	st Long Branch, NJ 077 City/State and Zip Code	<u>′64</u>		
	h	bloom@bloomilc.com		09 JU SECR	· ·
For further information of	E-mail address:	(to be used for future annual repo	rt notification)	IUN 12 AM 10: 02 RETARY OF STATE AMASSEE, FLORID	
Randi I	И. Krongold, Esq.	at (305)	416-4545	AH IO OF ST	0
Name o	of Person		Daytime Telephone Number): 02 TATE PRIDA	"langue!"
Enclosed is a check for t	he following amount:				
 	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified C	of Status &	1)

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**

Trump	Spa 309, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appear ited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com-			and assigned
Florida document number L08000109376			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>·e</u> :	
	1209, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation	"LUC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		SSE 12
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AM IO: 03 OF STATE E. FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	iter Florida street ac	idress
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		

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

Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	FIL: 09 JUN 12 SECRETARY
			THE P
_			D ID: 03 STATE LORIDA
Dated <u>5</u>	128/09	•	
×	Henry H. Bloom	r or authorized representative of a member	anner to the second of the sec

Page 2 of 2

Filing Fee: \$25.00