Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

7 7 7

Account Name : PAUL A. KRASKER, P.A.

Account Number : 120090000078

: (561)801-7312

Fax Number

: (561)515-2939

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 123 EAST, LLC.

Certificate of Status	0
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Estimated Charge	\$25.00

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COVER LETTER

TO:

Registration Section Division of Corporations

123 East, 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:

Paul A. Krasker

Name of Person

The Law Office of Paul A. Krasker, P.A.

Firm/Company

501 S. Flagler Drive, Suite 201

West Palm Beach, FL 33401

Ciry/State and Zip Code

pkrasker@kraskerlaw.com

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

For further information concerning this matter, please call:

Paul A. Krasker

at 561 515-2920
Aren 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 Pec & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Comorations 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

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Harry Constitution of the Constitution of the

123 East, LLC

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

The Articles of Organization for this Limited I. Florida document number L11000022121	iability Company were filed on Feb	ruary 21, 2011 and assigned	
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	2:	
The new name must be distinguishable and end with the	words "Limited Liability Company," the de	signation "LLC" or the abbroviation "L.L.C."	
Enter new princípal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		our records, enter the name of the new	
New Registered Office Address:	501 S. Flagler Drive, Suite 201		
		a street address	
	West Palm Beach	, Florida 33401 Zio Code	
	City	Zip Codt	
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as register being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of n ristered agent as provided for in Cl registered office address, I pereby	ny duties, and I am familiar with and napter 605, F.S. Or, if this document is	

Page 1 of 3

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>	Address	Type of Action
MGRM	JOSEPH ROCCO	123 East Atlantic Avenu	Je 🗀 Add
		Delray Beach, FL 3344	Remove
MGRM	PHILLIP MCFILLIN	123 East Atlantic Avenu	IE □ Add
		Delray Beach, FL 3344	14 ■ Remove
MGR	RODNEY MAYO	123 East Atlantic Avenu	Je _{■ Add}
		Delray Beach, FL 3344	14 Rentitive
			- Remove 7:32
		<u> </u>	☐ Remove
			——— □ Add
			☐ Remove

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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: (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 FEBRUARY 3K2, ZOIT
Res
Signature of a member of authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00