L13000071956

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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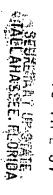
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

331 8th Street, 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:

Candice L. Gordon

Name of Person

Leslie Robert Evans & Associates, P.A.

Firm/Company

214 Brazilian Avenue Suite 200

Address

Palm Beach, Florida 33480

City/State and Zip Code

Cgordon@LREvansPA.com

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

For further information concerning this matter, please call:

Candice Gordon

_.,561,721-6527

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)

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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**

	10		
ART	TICLES OF ORG	JANIZATION	
	OF		A Company of the second
331 8th Street, LLC		•	
(<u>Name of the Limite</u>	A Florida Limited Liabi	s it now appears on our reality Company)	cords.)
The Articles of Organization for this Limited	Liability Company wer	re filed on May 16, 201	and assigned
Florida document number L13000071956			704
	•		,
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
317 10th Street, L.L.C.			
The new name must be distinguishable and end w L.L.C."	vith the words "Limited I	Liability Company," the desi	ignation "LLC" or the abbreviation
Inter new principal offices address, if appl	icable:	I/A	
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	= BOX)		
	_		
. If amending the registered agent and	Vor registered office	address on our records	s, enter the name of the new
egistered agent and/or the new registered (,
Name of New Registered Agent:	N/A		
N B			-
New Registered Office Address:		Enter Florida :	street address
		Sitter 1 for title 1	on co. with cas
			lorida
	Ci	ry	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>: MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> <u>Address</u> Remove Remove Add

Remove

If-am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
_{ed} Ji	une 10th/ / 2013
	———·
	Mulu / Terr
	Signature of a member or authorized representative of a member
	Leslie Robert Evans, Esq.
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00