L04000030671

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SECKLASSEE FLORID
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B. BOSTICK
AUG 1 2011
EXAMINER

COVER LETTER

то:	Registration S Division of Co					
SUBJI	г ∕ т∙	731	N J ST LLC			
SOLU			ted Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			James Burk Name of Person	<u></u>		
			Firm/Company			
			PO Box 1013 Address			
Lake Worth, FL 33460						one or bring
	City/State and Zip Code					CHARGE CO.
		E-mail address: (burkj@bellsouth.net to be used for future annual report notification)		29	
For fur	ther information	concerning this matter, please of		S FLOR	PN 5: 0	
		James Burk	at (561) 5330735	5 AO)?	
	Name	of Person	Area Code & Daytime Telephone	Number	•	
Enclos	ed is a check for	the following amount:				
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed)	0.00 Filing Fee ertificate of Si ertified Copy dditional copy	atus &	losed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	731 N J	ST LLC		
(<u>Name of the Limited</u>) (A	Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia	were filed on	04/21/2004	and assigned	
Florida document numberL0400030	671			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>re</u> :	
	731 N J	, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa		론 _의 =
Enter new principal offices address, if applica	ble:	318 South Pa	almway	
(Principal office address MUST BE A STREET	(ADDRESS)	Lake Worth,	FL 33460	W 7
				100 cm 1 2 2 1
Enter new mailing address, if applicable:		PO Box 1013	<u> </u>	STATE FLORID
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	Lake Worth,	FL 33460	P
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:	•	<u>e</u> :	our records, <u>ente</u>	r the name of the new
New Registered Office Address:	318 South Palmway			
	En	ter Florida street a	ddress	
		ake Worth	, Florida	33460
		City	- · -· · · 	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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	James R Burk	318 South Palmway Lake Worth, FL 33460	Add ✓ Remove
MGRM_	South O, LLC	318 South Palmway Lake Worth, FL 33460	/ Add Remove
			Add Remove
 			Add Remove
			Add Remove
		TALL ARD	Add Remove
D. If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	1 5: 02
 Dated	July 27		- -
	Signature of a	member or authorized representative of a member	
	***************************************	James R Burk Typed or printed name of signee	
		Typed of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00