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EXAMINER SECRETARY OF A

TILED

COVER LETTER

TO: Registration S Division of Co	ection , rporations			
SUBJECT:	30TH STRE	EET PLAZA, LLC		
Sobject.		ed Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.		
Please return all corresp	ondence concerning this matter t	to the following:		
		Russell A. Bruno		
		Name of Person		
30TH STREET PLAZA, LLC				
		Firm/Company		
	6112 YEATS MANOR CIRCLE			
		Address	•	
	TAMPA FL 33616			
		City/State and Zip Code		
		@assortedinternet.com be used for future annual report notif	ication)	•
For further information	concerning this matter, please ca		icanon,	FIL 2011 MAR 18 SECRETARY TALLAHASSE
	ssell A. Bruno	at (_813 ₎	293-6991	ASS S
Name	of Person	Area Code & Daytim	e Telephone Number	ARY OF S
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	l) Certified	te of Status &

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

30TI	H STREET PLAZA, LLC)	<u></u>	
(<u>Name of the Limited L</u> (A F	lability Company as it now appear lorida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab Florida document numberL05000904	• • •	09/07/2005	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liability company her	<u>'e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	nny," the designation	"LLE" or the abbrevi	ation
Enter new principal offices address, if applicat	ole:			<u>_</u>
(Principal office address MUST BE A STREET	ADDRESS)		SS AR	
			mo a	Ŋ
			STATE LORID	フ
Enter new mailing address, if applicable:	 .		<u> </u>	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter</u>	the name of the	new
Name of New Registered Agent:				
New Registered Office Address:	Fn	ter Florida street ad	ddress	_
	Lit			
	City	, Florida _	Zin 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	inaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM_	BREWER, JOEL W.	120 BALTIC CIRCLE TAMPA FL 33606	Add Remove
MGRM_	BRUNO, RUSSELL A.	6112 YEATS MANOR CIRCLE TAMPA FL 33616	✓ Add Remove
			Add Remove
			A REPOVE
			Add Remove
D. If amendi ——	ng any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	

Dated	March 13	2011	
	IWWY		
	Signature of a me	mber or authorized representative of a member	
	Т	Russell A. Bruno yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00