

L09000037063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

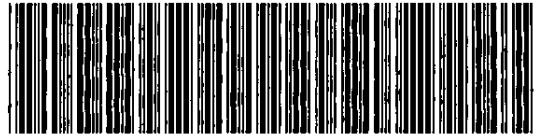
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600171991876

03/29/10--01039--021 **25.00

FILED

10 MAR 29 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 30 2009

EXAMINER

Mar. 10. 2010 11:43AM

No. 2086 P. 4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 307 EAST LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CINDY SPALLONE

Name of Person

307 EAST LLC

Firm/Company

307 EAST ATLANTIC AVENUE

Address

DELRAY BEACH FLORIDA 33483

City/State and Zip Code

(Email address: to be used for future annual report notification)

For further information concerning this matter, please call:

CINDY SPALLONE

Name of Person

at (

561

244)

Area Code & Daytime Telephone Number

274-6244

026-0255

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
10 MAR 29 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

307 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 Liability Company were filed on APRIL 16 2009 and assigned
Florida document number L09000037063.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

307 EAST ATLANTIC AVENUE

DELRAY BEACH FL 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

307 EAST ATLANTIC AVENUE

DELRAY BEACH FL 33483

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CINDY SPALLONE

New Registered Office Address:

307 EAST ATLANTIC AVENUE

Enter Florida street address

DELRAY BEACH

Florida

33484

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.

[Signature]
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

MGRM - Managing Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGRM	CINDY SPALLONE	307 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483	☒ Add ☐ Remove
------	----------------	---	--

MGRM	JOSEPH ROCCO	2132 S NORWOOD ST PHILADELPHIA PA 19145	☐ Add ☒ Remove
------	--------------	--	--

			☐ Add ☐ Remove
--	--	--	---

			☐ Add ☐ Remove
--	--	--	---

			☐ Add ☐ Remove
--	--	--	---

			☐ Add ☐ Remove
--	--	--	---

			☐ Add ☐ Remove
--	--	--	---

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated MARCH 5 2010

✓ Cindy Spallone
Signature of a member or authorized representative of a member

CINDY SPALLONE

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FILED
10 MAR 29 AM 8:51
CLERK OF STATE
FLORIDA