

LO9000082126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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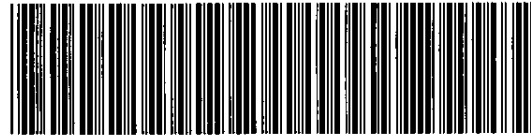
(Business Entity Name)

(Document Number)

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11 DEC - 6 PM 2:02

SECRETARY OF STATE
DIVISION OF CORPORATIONS

B Tadlock DEC 06 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 270 E. ATLANTIC AVE DELRAY BEACH 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:

MR. ZEYNE ERDEM

Name of Person

270 EAST ATLANTIC AVE DELRAY BEACH LLC

Firm/Company

32 SE. 2ND AVE # 326

Address

DELRAY BEACH, FLORIDA. 33444

City/State and Zip Code

drjones158@yahoo.com / Z1america@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. JUNE SPIKER

Name of Person

Zeysel Erdem at 631 334 1883
at (561) 504-7537

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)

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**

270 E. ATLANTIC AVE. Delray Beach LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

11 DEC -6 PM 2:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 8/25/2009 and assigned
Florida document number L09000082126 Recorded 9/04/2009

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

32 SE. 2ND AVE #326

Delray Beach, Florida 33444

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:

ZEYNIL ERDEM

New Registered Office Address:

32 S.E 2ND AVENUE #326

Enter Florida street address

Delray Beach

Florida

33444

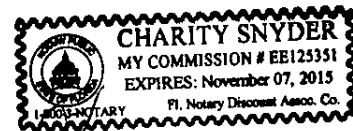
City

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 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
MGR	SPALLONE, Silvio	270 E. ATLANTIC DELRAY BEACH FL. 33444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SMITH, Taylor	7108 BELACASA WAY #200 BOCA RATON FL. 33433	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ERDEM, Zeynel	32 S.E. 2 ND AVE. #326 DELRAY BEACH, FL. 33444	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

11/21/11

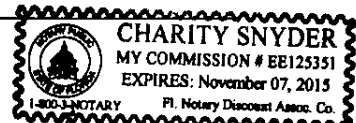
Signature of a member or authorized representative of a member

Zeynel Erdem

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00



[Handwritten signature]