L11000063205

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAII	-			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200239519142

09/13/12--01005--003 **25.00

FILED

12 OCT -3 AM IO: 48

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: _ Apartmen	nt 306, LLC		
	Name of Limite	d Liability Company	
	nendment and fee(s) are subnence concerning this matter to	-	
	Kelly A Hyman		
		Name of Person	
		20	
· : .	P O Box 3427, Pal	Firm/Company m beach, FL 33480	
•		Address	,
	kelly.hyman@ymai	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to	be used for future annual report notificat	ion)
For further information cond	cerning this matter, please cal	ll:	
Kelly Hyman		at (561) 506 6793	
Name of Pe	erson	Area Code & Daytime To	elephone Number
Enclosed is a check for the f	ollowing 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 Registratio	G ADDRESS: on Section	STREET/COURIER Registration Section	ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



September 14, 2012

KELLY A HYMAN P.O. BOX 3427 PALM BEACH, FL 33480

SUBJECT: APARTMENT 306, LLC Ref. Number: L11000063205

We have received your document for APARTMENT 306, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is an amendment form for your convenience. Please complete this form and return the complete form along with a copy of this letter to our office.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 812A00023224

Karen A Saly Regulatory Specialist II

www.sunbiz.org

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 OCT -3 AM 10: 48

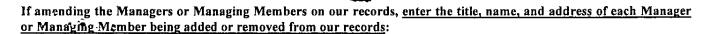
	OI	र		12 OCT -3 AM 10: 40
Apartment 306 LLC (Name of the Limited I	Liability Compan Florida Limited Li	y as it now appears on our ability Company)	records.)	SLUIGLTARY OF STATE TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Lia	bility Company	were filed on05/31/2	2011	and assigned
Florida document number <u>L11000063205</u>				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if application of the principal office address MUST BE A STREET	ble:		Jesignation	LLC of the aboreviation
Enter new mailing address, if applicable:		P O Box 3427		
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered offi	registered off			the name of the new
Name of New Registered Agent:	Kelly A Hy	man		
New Registered Office Address:	2139 Palm	beach Lakes BLVD. Enter Flori	da street a	ddress
	West Palm	Beach	, Florida _	33409
		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 Changing Registered Agent, Signature of

Page 1 of 2



MGR = Manager MGRM = Managing Member

4.

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kelly A Daoud	P 0 Box 3427, Palm bch, FL 3340	80 □ Add ▼ Remove
MGRM	Kelly A Hyman	P O Box 3427, Palm Bch, FL 33480	Add Remove
			Add Remove
	-		Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)
	I changed my name from Kelly	A Daoud to Kelly A Hyman due to my	FILED 2 OCT -3 AMIC AND AND OF S AND AND OF S AND AND AND OF S AND
Dated	09/11/2012		TATE OPIDA
	V00	lu Human	
	Kelly A Hyman	per or authorized representative of a member	
	Турс	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00