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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECREJARY OF STATE
AND ASSECTED INDICATE

COVER LETTER

TO: Registration Section : Division of Corporations

SUBJECT: 2307 NE 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:

STEPHEN GARCHIK

Name of Person

2307 NE LLC

Firm/Company

880 DOVER ST

Address

BOCA RATON, FL 33487

City/State and Zip Code

SGARCHIK@SJMPARTNERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP KAAN

,561、400-7146

Name of Person

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

2307 NE LLC			
(Name of the Limited Lia	bility Company as it now appears on our records.) orida Limited Liability Company)		
(A rio	inda Limited Elabitity Company)		
The Articles of Organization for this Limited Liability	y Company were filed on 5/30/2014	and assigned	
Florida document number L14000087440	·		
This amendment is submitted to amend the following	Ç.		
A. If amending name, enter the new name of the l	limited liability company here:		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re	egistered office address on our records, enter	the name of the ne	w
registered agent and/or the new registered office a	address here:		
Name of New Registered Agent:			
-		二四 元	
New Registered Office Address:	Enter Florida street address	<u> </u>	222
	Enter riorida street adaress	HAS P	
	, Florida	STO NO	a.
	City	Zip Code 🛌	7
New Registered Agent's Signature, if changing Regist	ered Agent:		ί 6
I hereby accept the appointment as registered age	ent and agree to get in this agreeity. I further agr	on Constant of	ļ ka
provisions of all statutes relative to the proper an			ie
accept the obligations of my position as registered			
being filed to merely reflect a change in the regist	tered office address, I hereby confirm that the lim		
company has been notified in writing of this chan	ge.		

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

	uthorized Member		
<u>Title</u> MGR	Name PALM BEACH COUNTY OPPORTUNITIES LLC	Address 880 DOVER ST	Type of Action
		BOCA RATON, FL 33	□ Add 487 ■ Remove
		······································	- Remove
MGR	SONCHIK LLC	880 DOVER ST	
		BOCA RATON, FL 334	
			<u> </u>
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		, ,	——□ Add ———————————————————————————————————
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			□ Remove

If amending any other information, enter cha	ange(s) here:	(Attach additi	ional sheets, if necessary.,
		<u></u>	
		- · · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or file	ed date and cannot	(optional) t be more than 90 days after
Dated AUGUST 7	2014		
lter Signature of arm	nember or author	rized representativ	ve of a member
STEPHEN GARCHIK		izou representativ	e or a minimipar
 	`		

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
OF AN I AHASSEE, FLORID