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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1) BRUCE

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	BOCA MO	CS LLC				
SOBJE	CI:	Name of Lin	nited Liability Company			
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter	-			
		FREDERIC DANNENMA	AYER			
			Name of Person		₹.c. ~	
		BOCA MCS LLC			2015 JUN SECRETA ALLAHAS	-
			Firm/Company		TAR TAR	-
		171 SE MIZNER BLVD			-5 F RY OF	「トロリ
		·	Address		P 4: FLOR	C
		BOCA RATON FL 33432			4: 08 TATE ORIDA	
			City/State and Zip Code		•	
		DANNENMAYER.FREDE				
For furth	er information o	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)		
	Name o	of Person	at () Area Code Daytime	: Telephone Number		
Enclosed	l is a check for t	he following amount:				
\$25 .0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

STREET/COURIER ADDRESS:

Registration Section

Pilitatuu Leoimillaatuul

MAILING ADDRESS:

Division of Consumations

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOCA MCS LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records. mited Liability Company))	
The Articles of Organization for this Limited Liability Con	npany were filed on 01/26/2015	and assigned	
Florida document number L15000015281			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain 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 ADDRES	<u></u>		
		As ~	
		III5 ECF	
Enter new mailing address, if applicable:		HÃ JE N ZA	
(Mailing address MAY BE A POST OFFICE BOX)		SE SE	
		្លឹង ក្រ ក្រ	
		LOS E	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our records, s here:		
Name of New Registered Agent:			
New Registered Office Address:	Para Phaile and 12		
	Enter Florida street address		
	, Flor	rida Zip Code	
	City	Σιμ Coα ε	

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	SANDRINE DANNENMAYER	171 SE MIZNER BLVD	
		BOCA RATON FL 33432	■ Remove
			Change
		 	DAdd
			☐ Remove
			SECRETAR TALLAHASS
			HASSEE, FIORITA
	-		
			Remove
			Change
		<u></u>	□ Add
			□ Remove
			☐ Change

Signature of a member or authorized representative of a member