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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

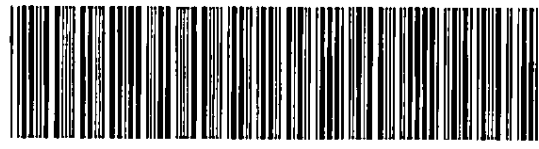
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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J. DANIEL BREDE
Professional Association
Attorney at Law

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November 4, 2019

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

RE: 2029 PARTNERS, LLC and
2060 PARTNERS OF BOCA RATON, LLC

Dear Sir/Madam:

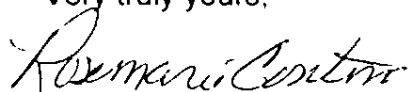
Enclosed you will find the following documents:

1. ARTICLES OF AMENDMENT TO THE ARTICLES OF ORGANIZATION FOR 2029 PARTNERS, LLC; along with a check in the amount of \$55.00 for the filing fee and a certified copy of the filed Articles of Amendment; and
2. ARTICLES OF AMENDMENT TO THE ARTICLES OF ORGANIZATION FOR 2060 PARTNERS OF BOCA RATON, LLC.; and a check in the amount of \$55.00 for the filing fee and a certified copy of the filed Articles of Amendment.

Also enclosed is a return envelope for your convenience.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,



Rosemarie Contino
Legal Assistant

JDB:rc
Enclosures

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

2060 PARTNERS OF BOCA RATON, L.L.C.

(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 MARCH 10, 1999 and assigned Florida document number L99000001515.

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 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: MICHAELINA KNUTSON

New Registered Office Address:

NO CHANGE IN ADDRESS

Enter Florida street address

_____, Florida _____
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 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.

Michaelina Knutson
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LEONORA M. SLATTERY	709 ELM TREE LANE BOCA RATON, FL 33486	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	JAMES SLATTERY	709 ELM TREE LANE BOCA RATON, FL 33486	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	MICHAELINA KNUTSON, TRUSTEE	22340 MARTELLA AVE. BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 31 2019

Signature of Pam Slattery

PAM SLATTERY, Member