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C. LEWIS
FEB 2 6 2010
EXAMINER

COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT:	BOCA INVES	IMENT GROUP L	LC_	
	Name of Limi	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		Marc I. Solomon	···	
		Name of Person		
,	MA	ARC I. SOLOMON P.	۹.	
		Firm/Company		
•	1160	S. Rogers Circle, Su	ite 2	
•		Address		
	Вос	ca Raton, Florida 334	87	
		City/State and Zip Code		
		gbenejam@aol.com		
	E-mail address: (to be used for future annual rep	ort notification)	
For further information	concerning this matter, please of	call:		
Ma	arc I. Solomon	at (561)	999-89	60
Name	of Person		Daytime Telephon	e 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 e	nclosed)	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

FILED

2010 FEB 25 PM 3: 86

Zip Code

SECRETARY OF STATE

BOCA INVESTME	ENT GROUP	LLC IALLAI	HASSEE, FLORIDA
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appea Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	10/31/2003	and assigned
Florida document numberL0300042201			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company he	re:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	8150 NW 93	Brd STREET	
(Principal office address MUST BE A STREET ADDRESS)	MEDLEY, FI	33166	
Enter new mailing address, if applicable:	8150 NW 93	rd STREET	
(Mailing address MAY BE A POST OFFICE BOX)	MEDLEY, FI		
B. If amending the registered agent and/or registered o		our records, enter t	he name of the nev
Name of New Registered Agent:			
New Registered Office Address: 1160 S. Ro	gers Circle, Su		
·	E	nter Florida street add	ress
E	Boca Raton	, Florida	33487

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.

City

If Changing Registered Agent, 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

	<u>Name</u>	Address	Type of Actio
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amen	ding any other information, ent	er change(s) here: (Attach additional sh	
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d		a member or authorized representative of a n	

Page 2 of 2

Filing Fee: \$25.00