

L04000015489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

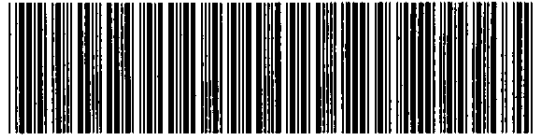
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09 DEC 30 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell DEC 31 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boca Palm Land Group, 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:

Alan J. Marcus
Name of Person
Alan J. Marcus, P.A.
Firm/Company
20803 Biscayne Blvd #301
Address
Aventura, FL 33180
City/State and Zip Code
ALAN@ALANJMARCUS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN J. MARCUS at (305) 937 1800
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

8

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Boca Palm Land Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/25/04 and assigned
Florida document number L04000015489.

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 end with 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)

4675 Linton Blvd.
Suite 200
Delray Beach, FL 33445

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4675 Linton Blvd.
Suite 200
Delray Beach, FL 33445

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:

ALAN J. MARCUS, Esq.

New Registered Office Address:

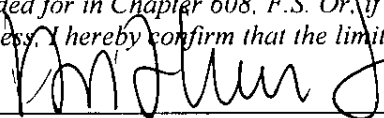
20803 Biscayne Blvd. #301

Enter Florida street address

Aventura, Florida 33180
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 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
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	JACK OF HEARTS LLC	4675 LINTON BLVD SUITE 200 DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MACNAIR, CHRISTOPHER J	13680 NW 5 Street SUITE 100 SUNRISE, FL 33325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	FERTIG, JAY	13680 NW 5 Street SUITE 500 SUNRISE, FL 33325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

Dec 28

2009

Signature of a member or authorized representative of a member

Arant M. Marcus, Attorney

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 30 AM 10:25

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