

LD5000062795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

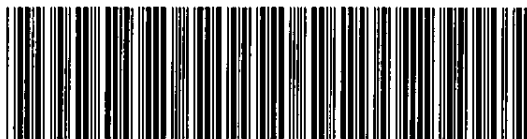
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 26 2008

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Courvoisier Courts- Boca, 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:

Judith Sontag

(Name of Person)

(Firm/Company)

19560 Sawgrass Drive # 2201

(Address)

BOCA RATON FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

Judith Sontag

(Name of Person)

at ( 561 ) 483-8310

(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

FILED

08 NOV 24 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Courvoisier Courts- Boca, LLC

(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 June 23, 2005 and assigned  
Florida document number L 050000 62795.

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)

19560 Sawgrass Drive

# 2201

BOCA RATON FL 33434

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19560 Sawgrass Drive

# 2201

BOCA RATON FL 33434

**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:

Judith Sontag

New Registered Office Address:

19560 Sawgrass Drive, # 2201

(Enter Florida street address)

BOCA RATON

(City)

Florida

33434

(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.*

Judith Sontag  
(If Changing Registered Agent, Signature of New Registered Agent)

X

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>	
MGRM	Jerome Engerman	7571 mandarin Drive Boca Raton FL 33433	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	effective Date of Filing a/o
			<input type="checkbox"/> Add <input 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	
			<input type="checkbox"/> Add <input type="checkbox"/> Remove	

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 1, 2008.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Judith Sontag  
Signature of a member or authorized representative of a member  
Judith Sontag  
Typed or printed name of signee

X