

108000086920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

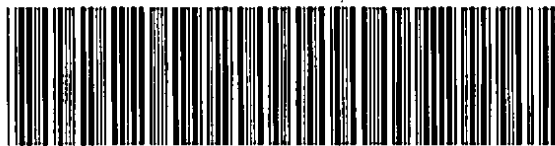
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 AUG - 7 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 08 2017
J SHIVERS

Boca Coast Property Management LLC

**6400 Congress Avenue
Suite 1700
Boca Raton, FL 33487**

Telephone: 561-988-0880

Facsimile: 561-988-7087

August 3, 2017

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Amendment-Document #L08000086920

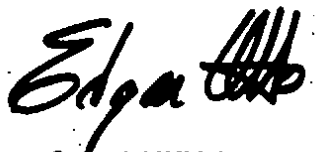
To whom it may concern,

On July 28, 2017, my company was amended fraudulently by adding an additional authorized person by the name of Cortney Caldwell with a title of VP which in itself is in error because an LLC cannot have a VP; only the title "Member" or "Manager" are correct.

Please add this letter to my profile to help in stopping further fraud.

I have included new Articles of Amendment to correct the fraudulent change made on July 28, 2017.

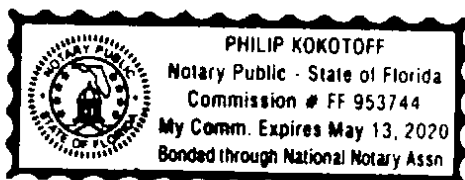
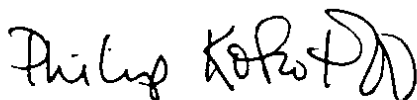
Please contact me at the above phone number if any additional information is required.



Edgar Otto, MGRM
Boca Coast Property Management LLC

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this 3rd day of August 2017 by Edgar Otto, who is personally known to me.



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOCA COAST PROPERTY MANAGEMENT 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:

EDGAR OTTO

Name of Person

BOCA COAST PROPERTY MANAGEMENT LLC

Firm/Company

6400 CONGRESS AVENUE SUITE 1700

Address

BOCA RATON, FL 33487

City/State and Zip Code

KOKO51@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDGAR OTTO at (561) 988-0880
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BOCA COAST PROPERTY MANAGEMENT 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 09/12/2008 and assigned
Florida document number L08000086920.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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.

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>
VP	CALDWELL, CORTNEY	1920 DEAN ROAD #34	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

17 AUG - 7 AM 7:23
SECURITY
ITALY ASSIST. HONORARY

17 AUG - 7 AM 7:23
SECTION OF
TALLMAN ASSOCIATION

(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)

(b) The 90th day after the record is filed.

Dated AUGUST 3, 2017

Signature of a member

Signature of a member or authorized representative of a member

EDGAR OTTO

Typed or printed name of signee