L09000027528

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	_
(Ci	ty/State/Zip/Phone #	(1)
E DICK LID	☐ WAIT	Пил
☐ PICK-UP	U WAII	MAIL
(Bu	ısiness Entity Name)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates o	f Status
On a state to the state of	F O	
Special Instructions to	Filing Officer:	ľ
	Office Use Only	W
	=,	

B. KOHR

MAY 1 4 2012

EXAMINER



900234856849

05/11/12--01029 -010 **25.00

12 MAY II PH W: W

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COLONIAL PALMS DEERFIELD, 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:
JOHN BUKOVAC
Name of Person
JOHN BUKOVAC Name of Person Firm/Company
1800 S OCEAN DRIVE, #4305
Address
HALLANDALE BEACH, FLORIDA 33009
City/State and Zip Code
JBUKOVAC@ME.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHN BUKOVAC at (305) 878-6291
Name of Person Area Code & Daytime Telephone Number
Englosed is a check for the following amount:
\$30.00 Filing Fee \$Certificate of Status \$55.00 Filing Fee &Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

COLUNIA	IL PALMS DEERFIE	LD, LLC	
(<u>Name of the Limited Li</u> (A F	iability Company as it now ap lorida Limited Liability Compar	pears on our records.)	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on		and assigned
This amendment is submitted to amend the follow	ing:		K.
A. If amending name, enter the new name of the	ne limited liability company	<u>here</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Con	mpany," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	le: [80 4 <i>DDRESS</i>)	NS OCEAN DR.	#4305 ~ FL 33009
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	100 S. ocean Da Inlandate Beach	#4305 PL 33009
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address o e address here:	n our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street add	ress
_		, Florída	
_	City		Zip Code
New Registered Office Address:			

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

<u>Title</u>	Name	Address	Type of Action
MGR	ANDREW FRIIS	801 NE 71 ST	Add
		BOCA RATON, FLORIDA 33487	Remove
<u> </u>			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
	· .		Add
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
	Change Address	to 18045, occan de 443 Halbridale Beach PC	33009
			·— ·
 Dated	May 9 , 20,	<u>12</u> .	
-	Signature of a member of	authorized representative of a member	
_		HN BUKOVAC r printed name of signee	_ .

Page 2 of 2

Filing Fee: \$25.00