

L09000068893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

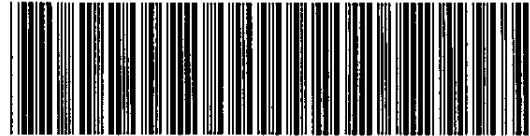
(Business Entity Name)

(Document Number)

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15 JUN - 8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 09 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2057 COOLIDGE ASSOCIATES, 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:

Daniel Cohen

Name of Person

Firm/Company

7200 W. Camino Real, Suite 200

Address

Boca Raton, FL 33433

City/State and Zip Code

donny@privcapcompanies.com

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

For further information concerning this matter, please call:

Daniel Cohen

561 952-2501
at ()

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**

2057 COOLIDGE ASSOCIATES, 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 07/16/2009 and assigned Florida document number L09000068893.

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 contain 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)

7200 W. Camino Real, Suite 200

Boca Raton, FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7200 W. Camino Real, Suite 200

Boca Raton, FL 33433

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:

Privcap Companies, LLC

New Registered Office Address:

7200 W. Camino Real

Enter Florida street address

Boca Raton

City

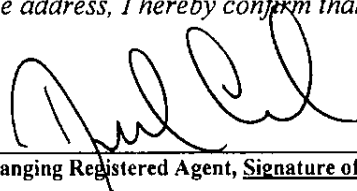
, Florida

33433

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>
MGR	Gregg Covin	425 N. Federal Highway	<input type="checkbox"/> Add
		Hallandale, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel Cohen	7200 W. Camino Real, Suite 200	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Israela Herskovitz	7200 W. Camino Real, Suite 200	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Typed or printed name of signee

15 JUN -8 PM 1:30