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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE



COVER LETTER

TO: Registration S Division of Co					
Boca Coqu	ina, LLC		•		
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Aleida Ors Waldman, Esq				
		Name of Person			
	Aleida Ors Waldman, P.A		G.	2	
		Firm/Company	— Jř	021 J	,
	440 South Andrews Aven	ue		2021 APR 22	-
		Address			ì
	Fort Lauderdale, FL 3330	1	SE End End	PM I:	4
	phildesai@aol.com	City/State and Zip Code	FE	: 26	
	E-mail address: (to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	all:			
Aleida Ors Waldman		954 524-1100 at ()			
Name o	of Person	Area Code Daytim	e Telephone Number	•	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is a	atus &	
Mailing Addres		<u>Street Address:</u> Registration Se	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632 Tallahassee,		The Centre of T	`allahassee e Street, Suite 810		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boca Coquina, LLC		
(Name of the Limited Liability Cor (A Florida Limi	mpany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on October 2, 2009	and assigned
lorida document number L09000095762		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	iability company here:	
heridan Street 184th Avenue, LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
		720 Z21
		R R
nter new mailing address, if applicable:		22
Aailing address MAY BE A POST OFFICE BOX)		(29 p m
runng undress mat be a rost of tree boxy		S
		7 7 7
. If amending the registered agent and/or registered officeent and/or the new registered office address here:	ce address on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	12/110/ 1 tot tale 31/00/ attaile33	
	, Florid	la
	City	zip Coae

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 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>	Address	Type of Action
MGRM	Ronald M. Bergeron, Sr. 🗸	19612 SW 69th Place	□Add
		Pembroke Pines, FL 33332	≅Remove
			□Change
MGR	Lonnie Neil Bergeron 🗸	19612 SW 69th Place	
		Pembroke Pines, FL 33332	□Remove
			□Change
MBR	Ronald M. Bergeron, Sr. 🗸	19612 SW 69th Place	■Add
		Pembroke Pines, FL 33332	Remove
			021 Agange 7
MBR	Ronald M. Bergeron, Jr.	19612 SW 69th Place	2 2 Add
		Pembroke Pines, FL 33332	Remove
			□Change
MBR	Lonnie Neil Bergeron	19612 SW 69th Place	
		Pembroke Pines, FL 33332	□Remove
			□Change
MBR	Diamond Rose Bergeron J	19612 SW 69th Place	
		Pembroke Pines, FL 33332	□Remove
			□Change

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>	Address	Type of Action
MBR	Sierra Starr Bergeron	19612 SW 69th Place	■Add
		Pembroke Pines, FL 33332	□Remove
			Change
MBR	Aleida Ors Waldman	440 South Andrews Avenue	
		Fort Lauderdale, FL 33301	□Remove
			SEC PR DChange
			S GRemove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

	
	
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Amril 16, 2021	
fective date, if other than the date of filing: April 16, 2021 In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date.	_ (optional)
te: If the date inserted in this block does not meet the applicable statutory filing requireme cument's effective date on the Department of State's records.	ents, this date will not be listed
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
is filed.	•
April 16 2021()	
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- /My /// /////	
Stenature of typember or authorized representative of a member	,
Ronald M. Bergeron, Sr.	
Typed or printed name of signee	