

L1100013341C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

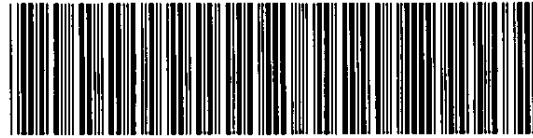
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500274423705

07/07/15--01001--001 \*\*25.00

RECEIVED  
DEPARTMENT OF  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

15 JUL -6 PM 3:37

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL -6 AM 7:48

JUL -7 2015  
T. HAMPTON

**Wolters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

**ADVENIR WI@BOYNTON, LLC**

**L11000133410**

--


**Thank you!**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit                | <input checked="" type="checkbox"/> <b>Amendment</b> | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit             | <b>LLC</b>   |   |
| <input type="checkbox"/> Foreign               | <input type="checkbox"/> Dissolution/Withdrawal      | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement               |   |
| <input type="checkbox"/> Limited Partnership   | <input type="checkbox"/> Annual Report               | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> <b>LLC</b> | <input type="checkbox"/> Name Registration           |   |
| <b>Amendment</b>                               | <input type="checkbox"/> Fictitious Name             | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy        | <input type="checkbox"/> Photocopies                 | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready       | <input type="checkbox"/> Call If Problem             |   |
| <input checked="" type="checkbox"/> Walk In    | <input type="checkbox"/> Will Wait                   | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out              |  |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

7/6/2015

**ST**

Order#:  
**9613308**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADVENIR WI@BOYNTON, 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:

Oswaldo F. Torres

Name of Person

Torres Law, P.A.

Firm/Company

888 Southeast Third Avenue, Suite 400

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

ozzie@torreslaw.net

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

For further information concerning this matter, please call:

Oswaldo F. Torres

at ( 754 ) 300-5815

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

FILED

15 JUL -6 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ADVENIR WI@BOYNTON, 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 11/23/2011 and assigned  
Florida document number L11000133410.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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>
MGRM	Advenir WI@Boynton GP, LLC	17501 Biscayne Boulevard	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		Aventura, Floirda 33160	<input type="checkbox"/> Change
MGR	Advenir WI@Boynton GP, LLC	17501 Biscayne Boulevard	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Aventura, Floirda 33160	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 JUL -8 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**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.

**Dated**

July 6

2015

2015

Signature of a member or authorized representative of a member

**Stephen L. Vecchitto**

Typed or printed name of signee

FILED  
15 JUL -6 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA