

L12000090645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

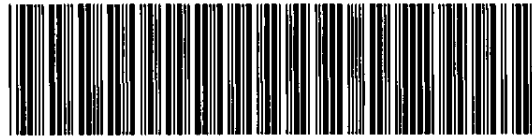
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



000240221130

10/03/12--01017--024 **25.00

FILED
2012 OCT 16 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
OCT 17 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Boca Raton Real Estate Holdings
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:

Shant Epremian

Name of Person

Boca Raton Real Estate Holdings

Firm/Company

276 Yamato Rd

Address

Boca Raton, FL 33431

City/State and Zip Code

shant@pinkpalm.us

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

For further information concerning this matter, please call:

Rochelle LeCavalier

at (**561**)

300-2647

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

FILED
2012 OCT 16 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Boca Raton Real Estate Holdings

(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 07/12/2012 and assigned
Florida document number L12000090645.

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 end with 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)

FILED
2012 OCT 16 AM 09:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ROCHELLE LECAVALIER

New Registered Office Address:

276 YAMATO RD

Enter Florida street address

BOCA RATON

, Florida

33431

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 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|---------------------------------------|--|
| MGRM | SHANT EPREMIAN | 276 YAMATO RD BOCA RATON FL 33431 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | EPREM EPREMIAN | 3333 NE 6TH DR BOCA RATON FL 33431 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | ROCHELLE LECAVALIER | 276 YAMATO RD BOCA RATON FL 33431 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 16 AM 8:04

FILED

Dated 1 Oct, 2012



Signature of a member or authorized representative of a member

SHANT EPREMIAN

Typed or printed name of signee