

L1700017477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

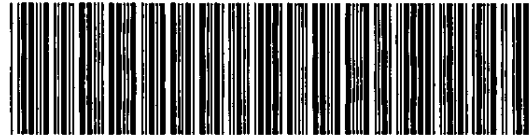
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200265175062

10/09/14--01030--009 \*\*60.00

FILED  
14 OCT -9 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **TJAC Boca, 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:

**Christina Lucht, FRP**

\_\_\_\_\_  
Name of Person

**Loren Law Firm**

\_\_\_\_\_  
Firm/Company

**7111 Fairway Drive, Suite 302**

\_\_\_\_\_  
Address

**Palm Beach Gardens, FL 33418**

\_\_\_\_\_  
City/State and Zip Code

**clucht@lorenlawfirm.com**

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

For further information concerning this matter, please call:

**Christina Lucht, FRP**

\_\_\_\_\_  
Name of Person

at **(561) 801-3903**

\_\_\_\_\_  
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

**TJAC Boca, LLC**

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Zvi Schwarzman	7355 Mandarin Drive	<input type="checkbox"/> Add
		Boca Raton, FL 33433	<input checked="" type="checkbox"/> Remove
MGR	Mark Greene	66 Calle Washington	<input type="checkbox"/> Add
		San Juan, Puerto Rico 00907	<input checked="" type="checkbox"/> Remove
AMBR	TJAC Waterloo, LLC	c/o SIS Property Management	<input checked="" type="checkbox"/> Add
		930 Commonwealth Avenue	<input type="checkbox"/> Remove
		Boston, MA 02215	
MGR/AMBR	TJAC Fountains, Inc.	6901 SW 18th Street, Suite E105	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT - 9 AM 11:55  
FILED

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

---

---

---

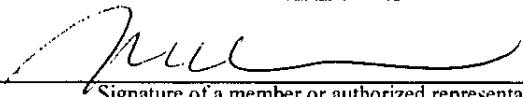
---

---

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 6, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Zvi Schwarzman  
\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
14 OCT -9 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA