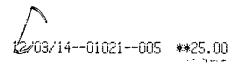
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(₭€	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Eiling Officer	
Special instructions to	Filling Officer.	
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SECRETARY OF STATE
TALLAHASSEF, FLORIDA

4. Statuers DEC 1 0 2014

## **COVER LETTER**

TO: Registration Se			<b>¥</b> 4	
1114 BE	LAIR DR. BOCA RATO	N, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Thomas U. Graner,	Esq.		
		Name of Person		
	Graner Platzek & Al	lison, P.A.		
		Firm/Company	<del></del>	
	720 E. Palmetto Par	k Road		
		Address	<del></del>	
	Boca Raton, FL 334	32		
		City/State and Zip Code	, , <del>, , , , , , , , , , , , , , , , , </del>	
	tom@granerlaw.com			
	É-mail address: (	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please co	ıll:		
Ivy Colon		561 750-2445		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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

1114 BELAIR DR. BOCA R		ny as it now appears on our Liability Company)	records.)	<del></del>	
The Articles of Organization for this Limited Lie Florida document number L13000094203				and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with the v	vords "Limited Liab	oility Company," the designation	on "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:		1118 Bel Air Drive			
(Principal office address MUST BE A STREET ADDRESS)		Highland Beach, FL 33487			
			<u>.</u>		
Enter new mailing address, if applicable:		1118 Bel Air Drive			
(Mailing address MAY BE A POST OFFICE BOX)		Highland Beach, FL 33487			
B. If amending the registered agent and/oregistered agent and/or the new registered of			ecords, enter the	name of the ne	<u>:W</u>
Name of New Registered Agent:	Thomas U.	Graner	ALL A	14 DE	
New Registered Office Address: 720 E. Palmetto Park Road		C			
-	Boca Rator	Enter Florida street	address rn _, Florida 3343	£ <b>₹</b> [7]	

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGRM	Lauren P. Esnes	798 Ponce de Leon Road	□ Add	
		Boca Raton, FL 33432	■ Remove	
MGR	Al Giachetti	1118 Bel Air Drive	Add	
		Highland Beach, FL 33487	☐ Remove	
	·		Add	
		**************************************	☐ Remove	
			A S Remove	
			DEC -3 A	
			SIA Remove	
			Add	
			Remove	

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 December 2 , 2014	_
	Lee	$\supset$
	Signature of a member or authorized representative of a member	
	Steven Lenoff, as Authorized	representative

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE ALLAHASSEE, FLORM