## 413000117706

(Re	questor's Name)	
(Ad	dress) .	
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(Cit	ry/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Boca West Realty, 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:

Jack Jaiven

Name of Person

Quad Realty Investments, Inc.

Firm/Company

1601Forum Place; Suite 500

Address

West Palm Beach, FL 33401

City/State and Zip Code

jack@quadcompanies.com

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

For further information concerning this matter, please call:

Jack Jaiven

561,271-8166

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

Boca West Realty, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L13000117706</u>	ny were filed on August 20, 2013	and assigned
This amendment is submitted to amend the following:		2013 SEC
A. If amending name, enter the new name of the limited lia	ability company here:	물을 용 <b>게</b>
Realty at Boca West, LLC		7-17
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		्रेल ⋤
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		r the name of the nev
•		,
New Registered Office Address:	Enter Florida street a	ddress
	, Florida	
	City	Zin 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

N	1.
W	<i>1 /</i> 1

MGR = Manager

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:

MGRM = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00

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