Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 : (850)205-8842 Phone Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SOLAMAR BOCA RATON LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: SOLAMAR BOCA RATON 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:

For further information concerning this matter, please call:

Marissa Hight at (PSU) (017-401)

Name of Person at (PSU) (017-401)

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 (s enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 1000

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 1/4/2016 1:10:07 PM From: To: 8506176383( 3/5 )

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solamar Bocc	1 Ration LLC		
(Name of the Limited I.	lability Company as it now appears on our record lorida Limited Liability Company)	<u>ls.</u> )	
The Articles of Organization for this Limited Liabil Florida document number 11300015011	lity Company were filed on 11040	<u>013</u> and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the Mizner 200 LLC  The new name must be distinguishable and contain the words		"Or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	20		
(Principal office address MUST BE-A STREET A	DDRESS)		
		<b>6</b>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<b></b>		
IMMANING MANUESS MAY BE AT OST OFFICE BOX	<i>Y</i>	Carlos Carlos	
B. If amending the registered agent and/or	registered office address on our record	s, enter the name of the new	
registered agent and/or the new registered office		35	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addres	SS .	
_	, 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

1/4/2016 1:10:07 PM From: To: 8506176383( 4/5 )

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 = M $AMBR = A$	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
<u> </u>	1967 - Anna and Angell		□ Add		
			☐ Remove		
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			☐ Change		

1/4/2016 1:10:07 PM From: To: 8506176383( 5/5 ) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ۻ င္သာ 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 fiting or more than 90 days after filling.) 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 Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00