

24000012908

(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



600263682036

06/28/14--01028--007 \*\*30.00

FILED  
2014 AUG 28 PM 4:37  
CLERK OF STATE  
TALLAHASSEE FLORIDA

SEP 04 2014  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Wilboughby 6101 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:

Roberta Kaplan

Name of Person

Firm/Company

660 Linton Blvd, Ste 200ex7

Address

Delray Beach FL 33483

City/State and Zip Code

rlenterprise2@hotmail.com

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

For further information concerning this matter, please call:

Roberta Kaplan

Name of Person

at (561)

Area Code

926-0112

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  
2014 AUG 28 PM 4:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

Willoughby 6101 LLC  
(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 Florida and assigned  
Florida document number L140000012908

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)

660 Linton Blvd, Ste 200ex7  
Delray Beach FL 33483

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

660 Linton Blvd, Ste 200ex7  
Delray Beach FL 33483

**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:

Roberta Kaplan

New Registered Office Address:

660 Linton Blvd, Ste 200ex7  
Enter Florida street address

Delray Beach  
City

Florida

2014 AUG 28 PM 3:37  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DELAWARE  
FLORIDA

**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.

Roberta Kaplan

If Changing Registered Agent, Signature of New Registered Agent

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>
<u>MGR</u>	<u>Robert Brown</u>	<u>6101 Willoughby Cir</u>	<input checked="" type="checkbox"/> Add
		<u>Lake Worth Fl 33463</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Roberta Kaplan</u>	<u>660 Linton Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Ste 200 ex7</u>	<input type="checkbox"/> Remove
		<u>Delray Beach Fl 33483</u>	
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2011 AUG 28 PM 4:37  
CLERK OF SUPERIOR COURT  
DADE COUNTY FLORIDA

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 8/27, 2014



Signature of a member or authorized representative of a member

Roberta Kaplan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2014 AUG 28 PM 4:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA