L14000017338

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SECRETARY OF STATE
TALLAHASSEE, FLORIO

T. Burch FEB 1.3, 2014



COVER LETTER

TO: Registration Section Division of Corporation	
SUBJECT: Posh E	Boca Homes, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Eric D. Scher, Esq.
	Name of Person
	Furnari Scher LLP
	Firm/Company
	1200 North Federal Highway, Suite 200
	Address
	Boca Raton, FL 33432
	City/State and Zip Code
-	escher@furnarischer.com E-mail address: (to be used for future annual report notification)
For further information conc	cerning this matter, please call:
Eric D. Sche	erson at (561) 210-8569 Area Code Daytime Telephone Number
Name of Pe	erson Area Code Daytime Telephone Number
Enclosed is a check for the f	following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Homes, LLC <u>Company as it now appears on our relimited Liability Company</u>)	ecords.)
The Articles of Organization for this Limited Liability Co. Florida document number L14000017338	ompany were filed on January (31, 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Elite Boca Homes, LLC		
The new name must be distinguishable and end with the words "Lin	nited 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 ADDR	ESS)	14 Si TAL
	.	
	- Alexander	# B
Enter new mailing address, if applicable:		SEY 7
(Mailing address MAY BE A POST OFFICE BOX)		
muning duaress may be a rost of free boay		——————————————————————————————————————
		ORDE TO
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
		, 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Remove SECRETALANA TALLANA HARAMATA
			FEB-Z AM 2:24 CRETADY OF STATE AHASSEE, FLORIDA
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e date this document is filed by the Florida ted February 3 Color Sign	prior to date of receipt or filed date and can Department of State) 2014	not be more than 90 days after	

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