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B. BOSTICK
MAY **2 7** 2014

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

COOLIDGE PALMS ALF, 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:

DANIEL COHEN

Name of Person

PRIVCAP COMPANIES, LLC

Firm/Company

7200 W CAMINO REAL STE 200

Address

BOCA RATON, FL 33433

City/State and Zip Code

FRANCESCA@PRIVCAPCOMPANIES.COM

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

For further information concerning this matter, please call:

DANIEL COHEN

,,561<u>,</u>952-2501

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

(Name of the Limited Liability	Company as it now appears on our recor	de)
(A Florida	y Company as it now appears on our record Limited Liability Company)	550.
The Articles of Organization for this Limited Liability Corollary	ompany were filed on MARCH 28,	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDR	PESS)	<u> </u>
		e mi
		• •
Enter new mailing address, if applicable:		ریـ
(Mailing address MAY BE A POST OFFICE BOX)		
		امند : تيد
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	City	zip Coae

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

COOLIDGE PALMS ALE LLC

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, <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 7200 W CAMINO REAL 200 Read DANIEL COHEN MGR BOCA RATON, FL 33433 CRemove ☐ Add _□ Remove □ Add ☐ Remove _□ Remove \square Add _□ Remove

D.	If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	(The ef	etive date, if other than the date of filing:(optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
	Dated	MAY 15 (2014)
		Signatule of a member or authorized representative of a member
		DANIEL COHEN
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00