L14000051347

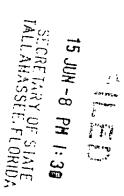
(F	Requestor's Name)	
(/	Address)	
	Address)	
(/	nuuress)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	•
(I	Document Number)	
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JUN 09 2015 J SHIVERS

COVER LETTER

Div	ision of Corp	orations		
SUBJECT	COOLIDGE	PALMS ALF, LLC		
oobsect.		Name of Limit	ed Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Daniel Cohen		
			Name of Person	
			•	
			Firm/Company	
		7200 W. Camino Real, Suit	e 200	
			Address	
		Boca Raton, FL 33433		
			City/State and Zip Code	
•		donny@privcapcompanies.c		
		E-mail address: (to	o be used for future annual report notification	on)
For further in	nformation co	ncerning this matter, please ca	11:	
Daniel Cohe	en		561 952-2501 at ()	
	Name of	Person	at () Area Code Daytime Tel	ephone Number
Enultised is	a check for the	e following amount:		
≅ \$25.00 F	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)

Registration Section

TO:

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

COOLIDGE PALMS ALF, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L14000051347	iability Company	were filed on 03/28/14	and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	7200 W. Camino Real, Suite 200	
(Principal office address MUST BE A STREE		Boca Raton, FL 33433	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o		ter the name of the n
Name of New Registered Agent:	Privcap Compa	anies, LLC	15 SECO
New Registered Office Address:	7200 W. Camir	no Real Enter Florida street address	ETARRY B
	Boca Raton	, Florid	149 P
New Registered Agent's Signature, if changing	Registered Agent:	City -	S Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the propaction as registers of the obligations of my position as regularing filed to merely reflect a change in the	per and complete istered agent as	performance of my duties, and I provided for in Chapter 605, F.S.	r agree to comply with the am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Roni Herskovitz	7200 W. Camino Real, Suite 200	
		Boca Raton, FL 33433	■ Remove
			□ Change
MGR	Israela Herskovitz	7200 W. Camino Real, Suite 200	■ Add
		Boca Raton, FL 33433	Remove
			□ Change
*****			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

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	ctive date, if other than the date of filing: June 19t, 2015 (optional)
lote	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocui	ment's effective date on the Department of State's records.
	N AN
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. withe qualier, e 90th day after the record is filed.
ate	$\frac{1}{2015}$ Juhe $\frac{1}{2015}$ $\frac{2015}{100}$
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00