

44000059282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 JUL -7 PM 4:08

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JUL 07 2014  
D. BRUCE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **10863 JAPONICA, 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:

**WILLIAM LILLY**

Name of Person

**ROYAL FINANCIAL PROPERTIES**

Firm/Company

**4800 N FEDERAL HWY STE 105D**

Address

**BOCA RATON, FL 33431**

City/State and Zip Code

**BAYCOM@BAYCOMFL.COM**

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

For further information concerning this matter, please call:

**WILLIAM LILLY**

Name of Person

at **561 445-8008**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 JUL -7 PM 4:08  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

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

10863 JAPONICA, 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 04/10/2014 and assigned  
Florida document number L14000059282.

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)**

4800 N FEDERAL HWY

STE 105D

BOCA RATON, FL 33431

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

**(Mailing address MAY BE A POST OFFICE BOX)**

4800 N FEDERAL HWY

STE 105D

BOCA RATON, FL 33431

**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:

WILLIAM LILLY

New Registered Office Address:

4800 N FEDERAL HWY STE 105D

Enter Florida street address

BOCA RATON

, Florida

33431

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 = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	BERNESE GLOBAL INVESTMENTS	14101 NW 4 ST	<input type="checkbox"/> Add
		SUNRISE, FL 33325	<input checked="" type="checkbox"/> Remove
MGR	WILLIAM LILLY	4800 N FEDERAL HWY	<input checked="" type="checkbox"/> Add
		STE 105D	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	
			<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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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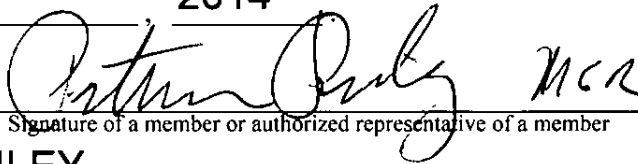
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 **JUNE 3**

**2014**



Signature of a member or authorized representative of a member

**PATRICIA RILEY**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 JUL -7 PM 4:08  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32399