L14 0000 67778

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400268417554

01/15/15--01022--007 **310.00

SECRETARY OF STATE.

J. Stilvers JAN 2 - 2015

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	· 1366 SW 44	COUNT, WE	
	Name of Lie	nuted Liebility Company	 ,
The encloses	d Articles of Amendment and fee(s) are su	bmitted for filing	
Please returi	n all correspondence concerning this matter	r to the following	
	LAWA	Erch CAPLAN Name of Person	
		Name of Person	
	LANNERLE	A. CAPLAN.	D.A.
		Firm/Company	
	1276	DOTENAM BULL	1
		Address	
	200	mal penell	41 77117h
		City (State and 2 in Code	12 3340
	LACAP	City/State and Zip Code / BANLAW & B	ELLSONTH NOT
	E-mail address	(to be used for future annual report not	
For further i	nformation concerning this matter, please (call:	
	L. CAPLAN	at (\$61) 988	7.6009
	Name of Person	Area Code Daytin	ne Telephone Number
fanclosed is a	s check for the following amount:		
☑ \$25 00 F	Fiting Fee , \$\int_{\text{000}} \text{Fiting 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:	STREET/COUR	IER ADDRESS:
	Registration Section Division of Corporations	Registration Section	on
	P.O. Box 6327	Division of Corpo Cliften Building	Hanons

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1366 SW 4th CT BOCA RATON, LLE

(A Flonda Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4400067238	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	
Enter new principal offices address, if applicable:	1366 SW HOT COURT
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATION, FL
e Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1366 SW 4th COURT BOCA RATION, FL
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here	
Name of New Registered Agent: LAV	NAME A. CAPLOW, D.A.
New Registered Office Address: 13	15 GATEWAY BLVD Enter Florida street address

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. Of 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

Page 1 of 3

SEGRETARY OF SIME

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:

	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	THOMAS A-GUERRIE	NO 10 FAIRWAY DR.	SUITIZ 302 □ Add
		DERRICH BEACH EL	Remove
MGR		1366 SW 4th COURT BOCA RATION, FL	—— ∑ Add
	MANAGEMENT OF SOUTH FLOTUDA, LLC	BOCA RATON, FL	Remove
	·		C Remove
			Add
	•		C Remove
	Marketon and Address of the Control		D Ada
			🗆 Remove

Page 2 of 3

15 JAN 15 AM II: 56

		•		
ffective date, if	other than the dat	te of filing:	or filed date and cannot be	(optional) more than 90 days after
he effective date mu	nt is filed by the Florida	Department of State)		
he effective date mu the date this docume	nt is filed by the Florida	Department of State)	5	
The effective date mu	nt is filed by the Florida	20	Suthorized representative of	a member

Page 3 of 3

Filing Fee: \$25.00

15 JAN 15 AM 11: 56
SECKETARY OF STATE