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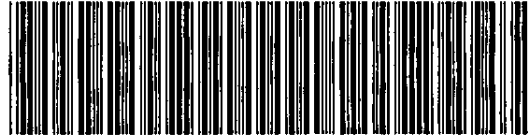
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TALLAHASSEE, FLORIDA

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J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUITES IN BOCA, 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:

Stuart I. Grossman, P.A.

Name of Person

Levine Kellogg Lehman Schneider + Grossman LLP

Firm/Company

201 S. Biscayne Boulevard, 22nd Floor, Miami Center

Address

Miami, FL 33131

City/State and Zip Code

sig@lklsg.com

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

For further information concerning this matter, please call:

Stuart I. Grossman

305 403-8788
at ()

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

SUITES IN BOCA, LLC

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADRIANNE SILVER	95 NORTH COUNTY ROAD	☐ Add
		PALM BEACH, FLORIDA 33140	☒ Remove
			☐ Change
MGR	JEFFREY B. GREENE	95 NORTH COUNTY ROAD	☒ Add
		PALM BEACH, FLORIDA 33140	☐ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated 10/23, 2015

Call

Signature of a member or authorized representative of a member

EDWARD LEEVAN

Typed or printed name of signee