

L14000111930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

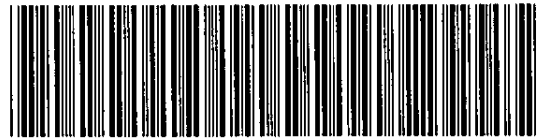
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 13 2014

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CT

October 10, 2014

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9306922 SO  
Customer Reference 1: 2505.003/Del Pino  
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

BOYNTON MANAGEMENT TEAM, LLC (FL)  
Amendment  
Florida

BOYNTON MANAGEMENT TEAM, LLC (FL)  
Certificate of Status-Domestic  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Boynton Management Team, 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:

**Marc I. Solomon, Esq.**

Name of Person

**200 East Broward Blvd.**

Firm/Company

**Suite 1900**

Address

**Fort Lauderdale, Florida 33301**

City/State and Zip Code

**msolomon@wsh-law.com**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Marc I. Solomon**

Name of Person

at **(954) 763-4242**

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**

Boynton Management Team, 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 07/16/2014 and assigned  
Florida document number L14000111930

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TALLAHASSEE, FLORIDA

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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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                                       | <u>Type of Action</u>  |
|--------------|--------------------|--|--|
| AMBR         | Alejandro Villazon | 217 North Federal Highway<br>Boynton Beach, FL 33435 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| AMBR         | Dynamic Duo, LLC   | 9616 Lake Serena Drive<br>Boca Raton, FL 33496       | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| AMBR         | George del Pino    | 9616 Lake Serena Drive<br>Boca Raton, FL 33496       | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| AMBR         | Gabriela Villazon  | 9616 Lake Serena Drive<br>Boca Raton, FL 33496       | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                    |  | <input type="checkbox"/> Add   |
|              |                    |  | <input type="checkbox"/> Remove  |
|              |                    |  | <input type="checkbox"/> Add   |
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 MAIL ROOMS/CLERK

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

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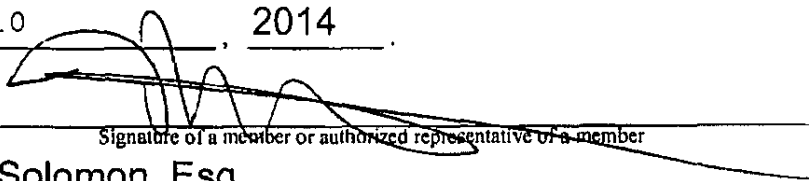
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 October 10, 2014

  
Signature of a member or authorized representative of a member

Marc I. Solomon, Esq.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA