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LAW OFFICES OF

DAVID A. ESQUIBIAS

DAVID A.,ESQUIBIAS*† RUTH D. MORROW ASHLEY N. BLASER

*CERTIFIED SPECIALIST - ESTATE PLANNING, TRUST AND PROBATE LAW THE STATE BAR OF CALIFORNIA BOARD OF LEGAL SPECIALIZATION

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FACSIMILE (805) 267-1140 www.trustandfamilylaw.com

ww.trustangtamiiylaw.com

December 14, 2016

State of Florida Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: M & M BOYNTON 1208 LLC

File Number: L15000007212

Dear Gentlemen:

lam enclosing the Articles of Amendment to Articles of Organization plus one copy for the above referenced Limited Liability Company. I am also enclosing our check in the amount of \$25.00 made payable to the Division of Corporations. Please return a conformed to me in the enclosed preaddressed stamped envelope.

If you have any questions, please feel free to contact me.

Very truly yours,

LAW OFFICES OF DAVID A. ESQUIBIAS

Ruth D. Morrow

RDM:abv Enclosures cc: Clients

COVER LETTER

| Divi | ision of Corp | oorations | | |
|---------------------------|----------------|--|---|---|
| SUBJECT: | M & M BO | YNTON 1208 LLC | | |
| 1 | | Name of Limi | ted Liability Company | *************************************** |
| | | | | |
| The enclosed | Articles of A | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | RUTH D. MORROW | | |
| | | | Name of Person | |
| | | LAW OFFICES OF DAVI | D A. ESQUIBIAS | |
| | | | Firm/Company | |
| | | 2625 Townsgate Rd., Suite | 330 | |
| | | | Address | |
| | | Westlake Village, CA 913 | 61 | |
| | | | City/State and Zip Code | |
| rdm@trustandfamilylaw.com | | | | |
| | | E-mail address: (| o be used for future annual report notif | ication) |
| For further in | nformation co | oncerning this matter, please ca | all: | |
| Ruth D. Mo | rrow | | 805 267-1141 | |
| | Name of | Person | at () Area Code Daytime | e Telephone Number |
| Enclosed is a | a check for th | 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) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

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

| M & M BOYNTON 1208 LLC | | | |
|---|---------------------------------------|---|--|
| (Name of the Lim | ited Liability Co. (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited I lorida document number L15000007212 | Liability Compa | any were filed on 01/02/2015 | and assigned |
| his amendment is submitted to amend the fol | lowing: | | |
| a. If amending name, enter the new name | of the limited | liability company here: | |
| N/A | | | |
| he new name must be distinguishable and contain the | words "Limited L | iability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Inter new principal offices address, if appli | icable: | N/A | |
| Principal office address MUST BE A STRE | ET ADDRESS | <u> </u> | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | Michael N. Cosenza 6936 Shadow Wood Drive | |
| | | Moorpark, CA 93021 | |
| B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: New Registered Office Address: | d/or registered office address | d office address on our records, shere: Enter Florida street address | 2016 name of the n |
| | | , Flori | da |
| | | 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 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> | Name | Address | Type of Action |
|--------------|--------------------|---------------------------------------|----------------|
| MGR | Michael N. Cosenza | 6936 Shadow Wood Drive | |
| | | Moorpark, CA 93021 | ☐ Remove |
| | | | |
| MGR | Mary E. Cosenza | 6936 Shadow Wood Drive | Add |
| | | Moorpark, CA 93021 | □ Remove |
| | | | ☐ Change |
| | +-77-533-4444-444 | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
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| | 4 | · · · · · · · · · · · · · · · · · · · | □ Add |
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| | ve date, if other than the date of filing: (opt ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after | ional) er filing.) P | ursuant to 605 Il not be liste |
| <u>:</u> It | If the date inserted in this block does not meet the applicable statutory filing requirements, the effective date on the Department of State's records. | is dute wi | |
| eco | If the date inserted in this block does not meet the applicable statutory filing requirements, the | | the earlie |
| eco | If the date inserted in this block does not meet the applicable statutory filing requirements, the ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 | | |
| eco | ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed. Nignature of a member or authorized representative of a member Michael N. Cosenza | a.m. CERETARY O | |
| eco | ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed. Signature of a member or authorized representative of a member Michael N. Cosenza | a.m. CESRETARY | |