

L15000007213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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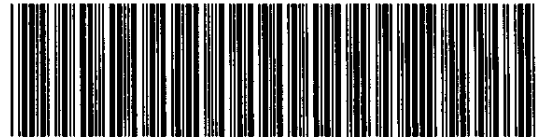
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 21 2018

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

†MASTER OF LAWS IN TAXATION

LAW OFFICES OF
DAVID A. ESQUIBIAS
2625 TOWNSGATE ROAD, SUITE 330
WESTLAKE VILLAGE, CALIFORNIA 91361
TELEPHONE (805) 267-1141
FACSIMILE (805) 267-1140
www.trustandfamilylaw.com

SHANNON VAN NEST, PARALEGAL
AMY B. VITUCCI, PARALEGAL

December 14, 2016

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

RE: M & M BOYNTON 409 LLC

File Number: L15000007213

Dear Gentlemen:

I am 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

**TO: Registration Section
Division of Corporations**

SUBJECT: M & M BOYNTON 409 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:

RUTH D. MORROW

Name of Person

LAW OFFICES OF DAVID A. ESQUIBIAS

Firm/Company

2625 Townsgate Rd., Suite 330

Address

Westlake Village, CA 91361

City/State and Zip Code

rdm@trustandfamilylaw.com

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

For further information concerning this matter, please call:

Ruth D. Morrow

805

267-1141

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

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

M & M BOYNTON 409 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 01/02/2015 and assigned
Florida document number L15000007213.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Michael N. Cosenza

(Mailing address MAY BE A POST OFFICE BOX)

6936 Shadow Wood Drive

Moorpark, CA 93021

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:

N/A

New Registered Office Address:

Enter Florida street address

City, **Florida**

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

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TALLAHASSEE, FLORIDA

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	Michael N. Cosenza	6936 Shadow Wood Drive	<input type="checkbox"/> Add
		Moorpark, CA 93021	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Mary E. Cosenza	6936 Shadow Wood Drive	<input type="checkbox"/> Add
		Moorpark, CA 93021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 13, 2016

Signature of a member or author

Michael N. Cosenza

Signature of a member or authorized representative of a member

Michael N. Cosenza

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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