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DIVISION OF CUSt GRACIUMS

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Rappy's o	f Boca LLC.		
NOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Burt Rapoport		
1		Name of Person	
	Rappy's of Boca LLC.		
		Firm/Company	
	1000 Clint Moore Rd, Su	ite 108	
		Address	
	Boca Raton, FL 33487		
		City/State and Zip Code	
	emily@rapoportsrg.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	alt:	
Burt Rapoport		2561 395-1154 at ()	e Telephone Number
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rappy's of Boca 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 2/20/2015 and assigned Florida document number \_ L15000032500 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Prezzo Park Place LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviated 5560 N Military Trail, #300 Enter new principal offices address, if applicable: Boca Raton, FL 33496 (Principal office address MUST BE A STREET ADDRESS) 1000 Clint Moore Rd, Suite 108 Enter new mailing address, if applicable: Boca Raton, FL 33487 (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

## New Registered Agent's Signature, if changing Registered Agent:

1

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.

City

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove Change Change Change - 9move RePM 12hage PIVISION OF COAT OF OP ONE □ Add ☐ Remove □ Change □ Add

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f an effi Note:	e date, if other than the date of filing:
The	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day <sup>l</sup> after the record is filed.
	August 1 . 2017.
Dated <sub>.</sub>	
Dated <sub>.</sub>	August 1. 2017.  Bee Mayor Signature of a member or authorized representative of a member

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Filing Fee: \$25.00