Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ROBERT LEE SHAPIRO, P.A.

Account Number : Il9990000101 Phone : (561)691-0059 Fax Number : (561)691-0066

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

MONICAK@BROCKDEVELOPMENTCORP.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BROCKBOYS GP, LLC**

> Certificate of Status Certified Copy 03 Page Count Estimated Charge \$25.00

Electronic Filing Menu

9

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROCKBOYS GP, LLC						
(Name of the Limited	d Liability Company a A Plonda Limited Liab	s it now appears on c lity Company)	ar records)			
The Articles of Organization for this Limited Lia	ibility Company we	e filéd on MARCI	1 2, 2015		and as sig	med
Florida document number L15000038493	·					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of t	the limited liability	company here:				
The new name must be distinguishable and contain the wor	rds "Limited Liability C	ompany," the designal	ion "LLC" or the	abbrevio	tion "LL	C."
Enter new principal offices address, if applicat	ble:	· · · · · · · · · · · · · · · · · · ·				· · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)					
	_					
Enter new mailing address, if applicable:	-					·
Moiling address MAY BE A POST OFFICE BO	<u> </u>					
B. If amending the registered agent and/or registered agent und/or the new registered office. Name of New Registered Agent:	e address here:	address on our				the nev
				•	E=	
New Registered Office Address:	····	Enter Florida stret	et address	• .	_	
				Ç		•
-		lity	, Florida _	Zlp	Code-	· · ·
iew Registered Agent's Signature, if changing Regi	istered Agent:			•••	Ĭ	·
hereby accept the appointment as registered a provisions of all statutes relative to the proper of eccept the obligations of my position as register being filed to merely reflect a change in the regis	igent and agree to and complete perfo red agent as provid	rmance of my du led for in Chapter	tles, and I am r 605, F.S. Or	familia , if this	r with a docsime	nd
ompany has heen notified in writing of this cha		ion, a from one cong		rr ms©48 { i	<i></i>	

Page 1 of 3

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

Titte	Name	Address	Type of Action
MOR	PÉTER BROCK	4650 Donald Ross Road	D Add
		Suite 200	Remove
		Palm Beach Gardens, FL 33418	Change
MGR	ANDREW BROCK	4650 Donald Ross Road	
		Suite 200	■ Remove
		Palm Beach Gardens, FL 33418	□ Change
MGR A	ALTON GP/BSC, LLC	4650 Donald Ross Road	■ Add
		Suite 200	
		Pahn Beach Gardens, FL 33418	Change
MGR	AD ALTON MGR. LLC	4650 Donald Ross Road	■ Add
		Suite 200	□ Remove
		Palro Beach Gardens, FL 33418	Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Cluage

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

(If m 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 (3xb) 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 Stato'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. July 2 2018 Dated ___ ANDREW BROCK, MANAGER
Signature of a member or authorized representati Typed or printed name of signes

Page 3 of 3

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