## L15000080324

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
, , , , , ,		

Office Use Only



600297484846

04/06/17--01016--023 \*\*25.00

FILED
17 APR 27 PM 3: 44
SECRETARY OF STATE
ANALYSEF FI ORIE

**S Warren** APR 2 8 2017



April 10, 2017

ALLISON SILVERMAN 6031 NW 43RD TERRACE BOCA RATON, FL 33496

SUBJECT: ANTIQUEBOCA LLC Ref. Number: L15000080324

We have received your document for ANTIQUEBOCA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 117A00006898

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Sec Division of Cor			
SUBJE	ANTIQUEI			
			ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Allison Silverman		
			Name of Person	<del></del>
		<del> </del>	Firm/Company	
		6031 NW 43rd Terrace		
			Address	
		Boca Raton, FL 33496		
			City/State and Zip Code	
		antiqueboca@gmail.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
Allison	Silverman		561 756-7707 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

ANTIQUEBOCA LLC			
( <u>Name of the Lim</u>	ted Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited I	Liability Company were	e filed on 5/6/2015	and assigned
Florida document number L15000080324	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		AZZ
			T 2 T
Enter new mailing address, if applicable:			3: 4 STAT COR
Mailing address MAY BE A POST OFFICE	BOX)		Ori A
B. If amending the registered agent and registered agent and/or the new registered of		address on our records,	enter the name of the r
Name of New Registered Agent:	Eric Lipson	<del></del>	
New Registered Office Address:	7760 Travellers Tree	Drive	
		Enter Florida street address	
	Boca Raton	, Flori	da <sup>33433</sup>
	(	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.

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>	<u>Name</u>	Address	Type of Action
MGR	Allison Silverman	6031 NW 43rd Terrace	
		Boca Raton, FL 33496	Remove
			Change
<del> </del>			□ Add
			□ Remove
			Change
<del></del>	<del></del>		□ Add
			□ Remove
			□ Change
<del> </del>			Add
			□ Remove
			□ Change
		Add	
			Remove  SECRETARY OF STATE  Add Semove  Remove
			Change

• • •		
		. <u></u>
<u></u>	<del> </del>	
	·	
ective date, if other than the date	e of filing:	(optional)
effective date is listed, the date must be s  te: If the date inserted in this block of	pecific and cannot be prior to date of filing or more than 90 loes not meet the applicable statutory filing requirem	days after filing.) Pursuant to 605.0207 (3 ents, this date will not be listed as th
ument's effective date on the Depart		
record specifies a delayed eff he 90th day after the record	ective date, but not an effective time, at it is filed.	12:01 a.m. on the earlier of:
		,
April 3rd	, 2017	<b>Z</b> S →
	(10e l-0	7 AI
C:am	ature of a member or authorized representative of a member	
Sign		SEX 7
Allison Silverman		<u> </u>

Page 3 of 3

Filing Fee: \$25.00