L15000159487

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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02/03/16--01017--024 **25.00

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT: YOMTO	B OFFICE BUILDINGS LLC Name of Limited Liability Company	_
t	Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	JASON LAZAR Name of Person	· ··
	Name of Person	
	INVESTMENTS LIMITED Firm/Company	
	Firm/Company	
	215 N. Federal Hwy	
	Address	_
	- Bola Raton- FL 33432. City/State and Zip Code plazar Ginvertments limited. Con	<u> </u>
	plazar ginvertments limited. con	^
<u>-</u>	É-mail address: (to be used for future annual report notification)	-
For further information conc	erning this matter, please call:	
JA SON LA	zna at (56/) 39 Z 89 rson Area Code Daytime Telephone Nun	20
Name of Pe	rson Area Code Daytime Telephone Nun	iber
Enclosed is a check for the for	ollowing amount:	
灯 \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, ficate of Status & fied Copy onal 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

YOMTOB OFFICE BUILDINGS LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	

(A riot	rida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Florida document number L15000159487	Company v	were filed on September 1	8, 2015 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabi	lity company here:		
The new name must be distinguishable and contain the words "L	imited Liabili	ty_Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		215 N. Federal Highway		
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33432	·	
Enter new mailing address, if applicable:		215 N. Federal Highway		
(Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, FL 33432	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ac			cords, enter the name of the new	
Name of New Registered Agent: Jase	on M. Lazar			
New Registered Office Address: 215	N. Federal I	Highway Enter Florida street a	diana	
n	D	Enter r tortaa street a		
800	a Raton	City	, Florida 33432 Zip Code	
		U., J	Lip Come	

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

Page 1 of 8

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>	Type of Action
	AMBR	Ben Yomtob	5300 West Atlantic Ave, Suite 507	
			Delray Beach, FL 33484	Remove
	·• · ·			Change
	AMBR	James H. Batmasian	215 N. Federal Highway	Add
		· · ·	Boca Raton, FL 33432	☐ Remove
				□ Change
				Add
_		_·		□ Remove
				☐ Change
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				☐ Remove
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				Add
				□ Remove
				☐ Change

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fective date, if other than to the effective date is listed, the date re te: If the date inserted in this cument's effective date on the	block does not me	eet the applicable st	of filing or more than atutory filing requi	(optiona 190 days after filir rements, this da	ng.) Pursuant to 605.0 te will not be listed
record specifies a delay The 90th day after the re		ate, but not an o	effective time,	at 12:01 a.m	on the earlier
ted December 30		2015			
	1	1/1/2			
	Signature of a m	nember or authorized r	epresentative of a me	ember	

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Filing Fee: \$25.00