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FILED
2017 JUL 20 PH 3: 16

K. SALY JUL 25 2017

COVER LETTER

	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christina Lucht/Bruce E. I	Loren, Esq.	
		Name of Person	
	Loren & Kean Law		
		Firm/Company	
	7111 Fairway Drive, Suite	: 302	
		Address	
	Palm Beach Gardens, FL	33418	
		City/State and Zip Code	
	clucht@lorenkeanlaw.com		
	E-mail address: (to be used for future annual report notif	ication)
or further information of	oncerning this matter, please c	all;	
Christina Lucht/Bruce E	. Loren, Esq.	56l 615-5701 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
3 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Registration Section Division of Corporations

TO:

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



TJAC Boca Grove, LLC

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

	Company were filed on 1/14/2016	and assigned
Florida document number L16000010392		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	. <u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)	
Patar son solling address if applicable.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	tered office address on our records,	enter the name of the n
	ress here:	
registered agent and/or the new registered office add	<u>ress here</u> :	
	ress here:	_
registered agent and/or the new registered office add		
registered agent and/or the new registered office addi	ress here: Enter Florida street address	
•	Enter Florida street address	ida

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard Ostrovsky	10036 El Caballo Court	= Add
		Delray Beach, FL 33446	Remove
			Change
			Add
			Change
			Chambe Chambe
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an effective d	ate is listed, the date late inserted in thi	must be specific ar	nd cannot be prior to		r more than 90 c	lays after filing.)	
	ffective date on th			oic statutory ii	mg requirem	ins, this date w	in not be fisted a
e record s	pecifies a dela	ved effective	date, but not	an effective	e time, at 1	2:01 a.m. o	n the earlier o
	day after the			-	,		
ated	July 17th		2017				
			- '	_			
//	Z ZV						
A	// //		a member or author				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00