

L16000056640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

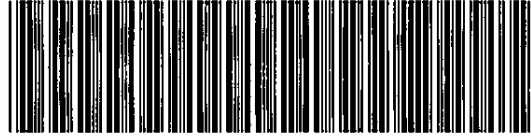
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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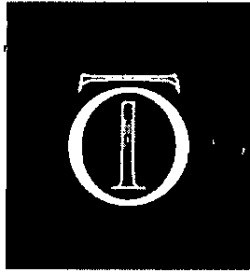
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2016 JUN -1 P 7:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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JUN 08 2016



TIMOTHY H. OLENN, ESQ.  
ATTORNEY AT LAW

May 26, 2016

Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Corporate name amendment Plum Pointe Unit 6552, LLC

To Whom It May Concern:

Enclosed herewith you will find a limited liability company name amendment for the above-referenced entity along with a check for \$30.00 inclusive of the filing fee and certificate of status. If you need any additional information please feel free to contact me.

Very Truly Yours,

*Timothy H. Olenn Esq.*

Signed electronically to  
avoid delay in delivery

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Plum Boca Pointe Unit 6552, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy H. Olenn, Esq.

\_\_\_\_\_  
Name of Person

The Law Office of Timothy H. Olenn, P.A.

\_\_\_\_\_  
Firm/Company

1900 Glades Road, Suite 245

\_\_\_\_\_  
Address

Boca Raton, FL 33431

\_\_\_\_\_  
City/State and Zip Code

*tim@timolenn.com*

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris DiFanti

at ( 401 ) 413-1108

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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



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> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| N/A          |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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2016 APR 7 10 10 AM  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

Multiple horizontal lines for amending information.

**E. Effective date, if other than the date of filing: Effective upon filing (optional)**

(If an 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 (3)(b)

**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 State'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.

Dated MAY 13, 2016

*Chris DiFanti*  
Signature of a member or authorized representative of a member

Chris DiFanti, Manager

Typed or printed name of signee

FILED  
2016 JUN - 7 PM 7:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA