116000051640

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



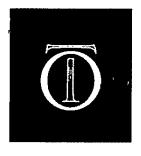
700286560677

06/07/16--01020--012 **30.00

TORE IARY OF STATE

<u>.</u>

S Warren JUN 0 8 2016



TIMOTHYH.OLENN, ESQ *

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

то:	Registration Se Division of Cor			
CUBIE	Plum Boca	Pointe Unit 6552, LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		Timothy H. Olenn, Esq.		
			Name of Person	· •
		The Law Office of Timoth	y H. Olenn, P.A.	
			Firm/Company	
		1900 Glades Road, Suite 2	45	
			Address	
		Boca Raton, FL 33431		
		1	City/State and Zip Code	
		tim @ tim o	lenn. Com to be used for future annual report notif	ication)
For furtl	her information co	oncerning this matter, please of		······································
Chris D	iFanti		401 413-1108	,
	Name of	Person	at () 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)
	Registra Divisio P.O. Bo	ing Address: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plum Boca Pointe Unit 6552, LLC						
(Name of the Limi	ited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Comparting document number <u>L16000056640</u> .		vany were filed on March 21, 2016		and a	and assigned	
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name o	f the limited lia	bility company her	<u>e</u> :			
301 Olivewood Boca Unit O228, LLC		and the second s				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the des	ignation "LLC" or the ab	breviation."	L.L.C."	
Enter new principal offices address, if applicable:		N/A			·	
(Principal office address MUST BE A STREET ADDRESS)			00.7 2-1 00.7		d symptoms	
			: : : : : : : : : : : : : : : : : : :	ת ק א	m	
Enter new mailing address, if applicable:		N/A				
(Mailing address MAY BE A POST OFFICE BOX)				ਜ <u>Ω</u>		
B. If amending the registered agent and registered agent and/or the new registered o Name of New Registered Agent:	/or registered of ffice address he	office address on c re:	our records, <u>enter</u>	the name	of the r	
New Registered Office Address:	N/A					
		Enter Florida	a street address			
		City	, Florida	Zip Code	<u></u>	
New Registered Agent's Signature, if changing l	Dogistanad Agant			Zip Coae		
hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regioning filed to merely reflect a change in the company has been notified in writing of this	d agent and ag er and complet stered agent as registered offic	ree to act in this cap e performance of m provided for in Cha	y duties, and I am fo apter 605, F.S. Or,	amiliar wi if this doc	ith and ument is	

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 = N $AMBR = A$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			
			Remove
			□ Change
·	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
		<u> </u>	Add Remove
			Remove

_□ Remove

☐ Change

	-			
				
				<u>,</u>
		·		
				# A UPS #
				
				<u> </u>
			<u>.</u>	
			- · ·	-
				
etive date, if other than the date of effective date is listed, the date must be speci- if the date inserted in this block does ment's effective date on the Department of the period of	ific and cannot be prior to s not meet the applical nt of State's records. tive date, but not	o date of filing or more the old statutory filing required	uirements, this date w	ill not be list
MAY 13,	101		<u>.</u>	2016
Signatur	e of a member or author	ized representative of a	member B	
•			SS	1 i
Chris DiFanti , Manager			338 0 X3	

Filing Fee: \$25.00