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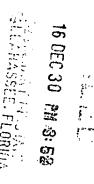
| uestor's Name) | |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|-----------|------------------------------------|---|---|---|
| CHDIE | | ca Vista, LLC | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | Ronen Rubin | | |
| | | · · | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Ronen Rubin Name of Person Firm/Company 2634 NW 49th Street Address Boca Raton, FL 33434 City/State and Zip Code rubingrouprealestate@gmail.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: at (| | |
| | | 2634 NW 49th Street | | |
| | | | Address | |
| | | Boca Raton, FL 33434 | | |
| | | | City/State and Zip Code | |
| | | | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For furt | her information c | oncerning this matter, please ca | all: | |
| Ronen I | | | 561 208-1194 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclose | d is a check for th | ne 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

| Sixteen Boca Vista, LLC | | |
|---|--|-----------------------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 12/20/2016 | and assigned |
| Florida document number L16000229101 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lin | ability company here: | |
| Sixteen Boca Magic, LLC | | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | W-1440 | |
| | | 14, |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | er the name of the ne |
| | ' | OEC . |
| Name of New Registered Agent: | | 36 30 m |
| <u> </u> | | |
| New Registered Office Address: | Enter Florida street address | 5 6 |
| | . Florida | En en |
| | City , Florida | 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.

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 = MS $AMBR = AS$ | anager uthorized Member | | |
|----------------------|----------------------------|----------------|--|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| fective date, if other than n effective date is listed, the date ote: If the date inserted in th cument's effective date on the | must be specific a is block does not | nd cannot be prior t meet the applic | to date of filing or rable statutory filin | optic nore than 90 days after ng requirements, this | onal) filing.) Pursuant to | 605.0207 listed as |
| record specifies a dela The 90th day after the | | | t an effective | time, at 12:01 a | ı.m. on the ea | rlier of |
| ted | // | , 2016 | , . | 2 | | |
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Filing Fee: \$25.00