5/11/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : 120040000167 Phone : (305)377-0809 : (305)377-0781 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cmora@phyalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOCAS HOUSE CORAL GABLES, LLC.

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Corporate Filing Menu

Help

S Warren

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bocas House Corni Gables, LLC		
(<u>Name of the Limited Li</u> (A F	orida Limited Liability Company)	m our records.)
The Articles of Organization for this Limited Liabili Florida document number L17000092258	•	
This amendment is submitted to amend the following	g :	
A. If amending name, enter the new name of the	limited liability company hero	ı
The new name must be distinguishable and contain the words	Limited Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re	reistand affice address on a	were warned anter the name of the nave
registered agent and/or the new registered office s	iddress here:	ur records, enter the name or the nev
	3	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	sirvet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	·	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of m I agent as provided for in Cha ered office address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
, , ,	•	TALLA
	If Changing Registered Agen	Signature of New Reeligioned Agent
	Page 1 of 3	LET SSEE
	CRUP I AT 3	

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

Title	Name	Address	Type of Action
MGR	Hocas Food Group, LLC	3399 NW 72nd Avenue, Suite 128	
		Mlemi, FL 33172	Remove
			Change
MGR Lovin Dc Grazia	Lovin De Grazia	3399 NW 72nd Avenue, Snite 129	Add
		Miami, FL 33122	□ Remove
			☐ Change
MGR	Cesar Gonzalez	3399 NW 72nd Avenue, Suite 129	⊟ ∧dd
		Miami, FL 33122	□ Remove
			Change
MGR Karen Cohen	Karen Cohen	860 Golden Cane Drive	
		Weston, FL 33327	🗀 Removo
			□ Change
MGR Kerit Cohen Kerit Cohen	Kerit Cohen	860 Golden Cane Drive	= Add
		Weston, FL 33327	Remove
			□ Change
	Kerit Cohen		Add
			SSEE F
		Page 2 of 3	D F STAT

	tion, enter change(s) here: (Attach additional	•
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Dated May 11 th	, 2017	
<u> </u>	1	Z's
	ignature of a member or authorized representative of a r	member – S
Miguel Armenteros	Typed or printed name of signee	ASSET ASSET
Miguel Armenteros	Typed or printed name of signed Page 3 of 3	AND: 16 AND: 16 ASSEE, FLORIDA