Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: PERLMAN, BAJANDAS, YEVOLT, & ALBRIGHT

Account Number : 120040000167 Phone

: (305)377-0809

Fax Number

: (305)377-0781

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

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

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Y SULKER

ARTICLES OF AME DMENT TO ARTICLES OF ORGANIZATION OF

Bocas House Coral Gables, LLC	
(Name of the Limited Lightity Company as it now a (A Florida Limited Liability Comp	ionenis on our records.)
The Articles of Organization for this Limited Liability Company were filed o	on April 25, 2017 and assigned
Florida document number L17000092258	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ny here:
The new name must be distinguishable and contain the words "Limited Liability 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:	5.00 5.00 5.00 4.00 5.00
(Mailing address MAY BE A POST OFFICE BOX)	
<u></u>	C of .
B. If amending the registered agent and/or registered office address	ss on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
	·
New Registered Office Address:	w Florida sirest address
New Registered Office Address: Enna	er Florida street address Florida

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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:

-4.

MGR = Manager AMBR ≈ Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	COHEN, KERIT	860 GOLDEN CANE DRIVE	
		WESTON, FL 33327	■ Remove
			Change
MGR	COHEN, KAREN	860 GOLDEN CANE DRIVE	□ Add
		WESTON, FL 33327	■ Remove
			☐ Change
	·		□ Add
			Remove
			☐ Reinove
			Add
		3 ·	□ Remove
			□ Change
			D Add
			Remove
			Change

. If amending any other information, enter change(s) h	ere: (Attach additional si	heets, if necessary.)	
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		#/	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be pri Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	licable statutory filling requi	(optional) n 90 days after filing.) Pursuant to 605. irements, this date will not be listed	0207 (3 d as th
the record specifies a delayed effective date, but r) The 90th day after the record is filed.	not an effective time,	at 12:01 a.m. on the earlie	r of:
Dated November 30th	/ /. /		
Signature of a member or ala	thorized representative of a mi	ember	
-	Armenteros		

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Filing Fee: \$25.00