U7000 206367

(Requestor's Name)	
(Address)	60030
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PICK-UP WAIT MAIL	10/23/17
(Business Entity Name)	
(Document Number)	
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1. HARRIE

COVER LETTER

Division of Cor			
SUBJECT:	Bo can Name of Limi	Condo LL-	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edmo	X Galo Name of Person	
	Bocar	Conclo, LCC	
	2003 K	Ocean Bly Address	604. 454. MO3
	Boca Rat	ON FL 33	43
	E-mail address: (1	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	ill:	
Edmc Name o	f Person	at (201) 220 Daytime	re Telephone Number
Enclosed is a check for the	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

UOCAN COND		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>レドイの○○ 2063</u> 6子	were filed on Oct.	5, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Bown Con a LLC The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	same a	Ocean Blud.
(Principal office address MUST BE A STREET ADDRESS)	2003 N	Ocean Blod.
	101-1-19A	λ , , , ,
	Boca Rut	2 100, FL 33431
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	 	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, <u>enter the name of the nev</u>
Name of New Registered Agent:	na Galo	
New Registered Office Address:	Enter Florida stree	t address
M-2	City	Florida
Non-Designated Association of the Control of the Co	way.	eigr Cirac
New Registered Agent's Signature, if changing Registered Agent:		

2

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

Page 1 of 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 <u>Title</u> <u>Name</u> **Address** Type of Action MGRM Felix Galo □ Add ☐ Change □ Add □ Remove _□ Change _□ Add ☐ Remove _□ Change ☐ Remove Premove _□ Change □ Add ☐ Remove

□ Change

Please r	emove !	Felix Go	ulo		
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Bocer	dna Ga Condo,	LLC			
					
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	-				
Effective date, if other that fan effective date is listed, the described in the locument's effective date on	this block does not mee	t the applicable statuto	ing or more than 90 days ry filing requirements	p ptional) after filing.) Pursuar , this date will not	nt to 605,0207 be listed as
e record specifies a de The 90th day after th		e, but not an effec	tive time, at 12:0)1 a.m. on the	earlier of
Dated 10/20/13	7	·			2017
	Edna	nber or authorized repres	entative of a member		7.001.5
	Signature of a mer	noci di admonized repres	cinative of a monitori		ω _r

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Filing Fee: \$25.00