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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bus	siness Entity Name)
(Doc	cument Number)	
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COVER LETTER

Division of Corporations BOCA PLACE TOWNHOUSES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: GISELA PARRA Name of Person **BOCA PLACE TOWNHOUSES LLC** Firm/Company 6220 NW 77TH TER Address PARKLAND, FL 33067 City/State and Zip Code GISELAPARRA66@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GISELA PARRA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TILED

Zip Code

BOCA PLACE TOWNHOUSES LLC	2023 F. F - 5 PM 12: 26				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.)				
(** Tortal Elimita	Diability Company) SETARY OF STATE O1/05/2018				
The Articles of Organization for this Limited Liability Company	were filed on 01/05/2018 and assigned				
Florida document number L18000004751					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	GISELA PARRA				
(Principal office address MUST BE A STREET ADDRESS)	6220 NW 77TH TER				
	PARKLAND, FL 33067				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Florida				
	City Zin 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 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
AR	CARLOS E MARQUEZ	6220 NW 77TH TER	■Add
		PARKLAND, FL 33067	□Remove
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record specifies a delayed effective is filed.	date, but not an e	effective tin	ne, at 12:01 a	n.m. on the ea	rlier of: (b)	The 90th	day afi	ter the
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