LIEUX 277473

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ći	ty/State/Zip/Phone	<i>:#</i>)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300330843253

08/25/19--01010--012 **105.00

RECEIVED
JUIL 2 4 2019

19 AUE -9 AM IB: 03

LLC 3 Amond. 8-12-19 DC



July 9, 2019

JEFFREY MARATHAS THE MARATHAS FIRM 20900 NE 30TH AVE. 8TH FLOOR AVENTURA, FL 33301

SUBJECT: ONE BOCA WEST GROUP LLC

Ref. Number: L18000277473

We have received your document and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

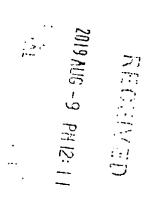
The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 719A00013628



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ONE BOCA Name of Limi	WEST GROUP L	LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JEFFERTY.	MANACHAS Name of Person	
	,	Name of Person ANATHAS FIRM Firm/Company	<u></u>
	20900 NE 3	BOTH AVE STH Flo	DOK
	AVENTUR	City/State and Zip Code	<u></u>
	E-mail address: (to be used for future annual report notific	ation)
For further information c	oncerning this matter, please co	ali:	
	MANATHAS Person	at (<u>480</u>) <u>324344</u> Area Code Daytime T	59 Felephone 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 OF

ONE BOCA WEST GO (Name of the Limited Liability Compa- (A Florida Limited L	ny as it how appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L18000277473</u> .	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	previation "L.U.C."
Enter new principal offices address, if applicable:	BOCA PARON . FL 33	lythery #23
(Principal office address MUST BE A STREET ADDRESS)	BOCA RACON, FL 33	431
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	24) Com
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office	ee to act in this capacity. I further agr performance of my duties, and I am fo provided for in Chapter 605, F.S. Or.	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	ONE BUCK RESTOURANT GROUP !	uc 2001 N. FEDERAL HILLHWAY	D Add
		BOCA RATION, FL 33431	⊠ Remove
			Change
Mar	ONE RECTAURANT GROUP !	CC 7301 A W. PACMETES PAI	L GAdd
	# L19000119832	305 C, BOOK RATON	
		FIOMBA 23433	Change
Myn	FLAMENT INCOMENTS LL	C 20900 NE JOIN AVE	Add
	#L19000025583	87H Floor	□ Remove
		AVENTURA, FL 33180	Change
			🗆 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			□ Remove
			□ Change

_				·	<u> </u>			
-	-				· ·	<u>-</u>		
_					<u> </u>	 	-	
		·						
_					<u></u>	<u></u>		
_			_		<u>-</u>			
							1	
_					<u></u>			
_			<u></u>			,		
	 				- -			
				•				
_				_				
	<u>.</u>							
			<u>-</u>				·	
fan effe <u>Note:</u> J	re date, if other than the or ctive date is listed, the date must if the date inserted in this blo nt's effective date on the Dep	be specific and ak does not r	d cannot be pric meet the appli	cable statutory	g or more than 90 v filing requiren	(optional) days after filing nents, this date	a) Pursuant to 605.0.	207 as
ne reco	ord specifies a delayed 90th day after the reco	effective (rd is filed.	date, but n	ot an effect	ive time, at	12:01 a.m.	on the earlier	- of
Dated _	7/15/19							
Jakeu _	1113/1							
					ntative of a memb			

Page 3 of 3

Filing Fee: \$25.00