

LIB000277473

(Requestor's Name)

(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:

Office Use Only



300330843253

06/25/19--01010--012 **105.00

RECEIVED

JUN 24 2019

19 AUG -9 AM 10:03

CLERK OF STATE
DIVISION OF CORPORATIONS

LLC
Amend.
8-12-19
Dc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

RECEIVED
2019 AUG -9 PM 12:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE BOCA WEST GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY MANATHAS
Name of Person

THE MANATHAS FIRM
Firm/Company

20900 NE 30TH AVE 8TH FLOOR
Address

AVENTURA, FL 33180
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY MANATHAS at (480) 3293469
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

19 AUG -9 AM 10:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ONE BOCA WEST GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/3/18 and assigned
Florida document number L18000277473.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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)

2200 N. FEDERAL HIGHWAY #221
BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address 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:

Enter Florida street address

_____, Florida _____
City Zip 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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ONE Boca RESTAURANT GROUP LLC</u>	<u>2001 N. FEDERAL HIGHWAY</u>	<input type="checkbox"/> Add
		<u>Boca RATON, FL 33431</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>ONE RESTAURANT GROUP LLC</u>	<u>7301 A W. PALMETO PARK ROAD</u>	<input checked="" type="checkbox"/> Add
	<u># L19000119832</u>	<u>305 C, Boca RATON</u>	<input type="checkbox"/> Remove
		<u>FLORIDA 33433</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>FLAMANT INVESTMENTS LLC</u>	<u>20900 NE 30TH AVE</u>	<input checked="" type="checkbox"/> Add
	<u># L19000025583</u>	<u>8TH FLOOR</u>	<input type="checkbox"/> Remove
		<u>AVENTURA, FL 33180</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

JEFFREY MANATHAS

Typed or printed name of signee