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**ER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MA Investment Boca, LLC

\_\_\_\_\_  
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:

Ezra Rubin

\_\_\_\_\_  
Name of Person

Meyers Group

\_\_\_\_\_  
Firm/Company

2999 NE 191st Street, Suite 510

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

ezra.rubin@meyersgroup.net

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

For further information concerning this matter, please call:

Ezra Rubin

786

574-2266

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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

MA INVESTMENT BOCA, 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 May 7, 2019 and assigned Florida document number L19000123122.

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:**

2999 NE 191st Street, Suite 510

**(Principal office address MUST BE A STREET ADDRESS)**

Aventura, FL 33180

**Enter new mailing address, if applicable:**

2999 NE 191st Street, Suite 510

**(Mailing address MAY BE A POST OFFICE BOX)**

Aventura, FL 33180

**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:

Ezra Rubin

New Registered Office Address:

2999 NE 191st Street, Suite 510

*Enter Florida street address*

Aventura

*City*

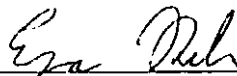
Florida

33180

*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

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PM 10:00

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ge, **enter the title, name, and address of each person being added**

**MGR = Manager**

**AMBR = Authorized Member**

<b><u>Title</u></b>	<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Type of Action</u></b>
MGR	AMBACH, MARK S	740 HIBISCUS ST	<input type="checkbox"/> Add
		BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Scher, Jarad	740 HIBISCUS ST	<input type="checkbox"/> Add
		BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stuart J. Meyers	2999 NE 191st Street, Suite 510	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated October 18, 2021

DocuSigned by:

*[Signature]*  
E9037DCB0840152

~~59D37DCB9B40452~~

Signature of a member or authorized representative of a member

Stuart I. Meyers

Typed or printed name of signee

**Filing Fee: \$25.00**