## L20000086528

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## **COVER LETTER**

	legistration Sec Division of Corp			.,		
SUBJECT	BOCA CHI	C. LLC (AMENDMENT)				
SUBJECT	· ·	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	~			
		MAUREEN M BARRET	r			
		-	Name of Person			
			Firm/Company			
		1310 SUGAR PLUM DR		·	2	<u> </u>
	Address				20 E.A.Y	
		BOCA RATON, FL 33486	5			.;; - 
		MBARRETTBOCA@GM/	City/State and Zip Code ATL.COM		AK 10: 51	75.45 75.05 7.05.00
		E-mail address: (	to be used for future annual report notif	ication)	- 5 - 5	RAH
For furthe	r information co	oncerning this matter, please c	all:		1	050 E
MAUREI	EN M BARRET	71'	561 702-3570 at (			
	Name of	Person		Telephone Number	•	
Enclosed i	s a check for th	e following amount:				
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	atus &	
	Aniliaa Addusos		Ca A 4 4			

**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

BOCA CHIC, LLC

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

(A rioric	ia Limited Diability Company)	<b>1 1 1 1 1 1 1 1 1 1</b>	
The Articles of Organization for this Limited Liability (Florida document number 1.20000086528		2020 and assigned	
	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	<del> </del>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>en</u>	ter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street add	dress	
	, Florida		
	City	FloridaZip Code	
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, agent as provided for in Chapter 60 red office address, I hereby confirm	, and I am familiar with and 15, F.S. Or, if this document is	

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>	Address	Type of Action
MGR	MAUREEN M BARRETT	1310 SUGAR PLUM DR	
		BOCA RATON, FL 33486	
			Change
MGR	Maureen M Barrett Living Trust	1310 SUGAR PLUM DR	Add
		BOCA RATON, FL 33486	□Remove
			□ Change
	<del></del>		□Add
			Change
			□ Add
			□Remove
		<del></del>	Change
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			□Change

	<del></del>
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	· · · · · · · · · · · · · · · · · · ·
Note:	tive date, if other than the date of filing:
f the reco	rd 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 iled.
Dated	April 30, 2020.
	Signature of a member or authorized representative of a member
	Maureen M. Barvett Typed or printed name of signee

EU: E 035.00