# L2000297683

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



300353571903



\$5:01.50 of 10:28

C. GOLDEN
UST 1 3 ZOZO

### FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

**DATE:** 10/12/20

NAME: TJ WEST BOCA LLC

TYPE OF FILING: AMENDMENT

COST:

\$25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 12 福和0:54

TJ WEST 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 09/30/2020 and assigned Florida document number <u>L2000029</u>7683 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." 3013 Yamato Road, #B1-2 Enter new principal offices address, if applicable: Boca Raton, FL 33434 (Principal office address MUST BE A STREET ADDRESS) 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

#### 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>	Type of Action
AMBR	TJ Management HoldCo LLC	3654 Georgia Avenue	<b>B</b> Add
		West Palm Beach, FL 33405	□ Remove
			Change
			□ Remove
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			© Change
			□Add
		<del></del>	□Remove
			□ Change
<del></del>			□Add
			□ Remove
			□Change

<del></del>		<del></del>	<u> </u>	
	<u> </u>			
				<del></del>
		<del></del>		
			<del> </del>	
		·		
	<u>.</u>			
<del></del>				
		·		
<u></u>		<del></del>	- <del></del>	<del></del>
		<u>-</u> -		
ee	A.A. CONT.		(amatama	b
ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	lock does not meet the ap	oplicable statutory filir	ore than 90 days after filing requirements, this da	ng.) Pursuant to 605.02 te will not be listed
record specifies a delayed effectiv I is filed.	e date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
October 9	2020	<u> </u>		
	)			
1/2-//	Signature of a member or	authorized representative	of a member	<del></del>

Filing Fee: \$25.00