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Office Use Only



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T. MATTHEWS

DEC 20 2021

## **COVER LETTER**

Registration Section

Tallahassee. FL 32314

TO:

Div	ision of Cor	porations		,	•
aun mar	Boca Bend	LLC		•	
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Jason Lazar			
			Name of Person		
		Investments Limited			
		<del></del>	Firm/Company		
		215 N. Federal Highway			
			Address		<del></del>
		Boca Raton, FI. 33432			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		jlazar@investmentslimited.			
			to be used for future annual	report notification)	
For further it	nformation co	oncerning this matter, please ca	all:		
Jason M. La	zar		561 392 at ( )	2-8920	
	Name of	Person	Area Code	Daytime Telephone Nu	ımber
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Cer losed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
	iling Addres	<del></del>	Street Ad		
	gistration S zision of C	Section orporations	<del>-</del>	ition Section of Corporations	
	D. Box 632			itre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 676 -7 61612: 14

**BOCA BEND 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 Li	iability Company w	ere filed on 9/22/19	98	_ and assigned
Florida document number L98000001947				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabilit	y company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if application	able:	<u>-</u>	<del>.</del>	
(Principal office address MUST BE A STREE	T ADDRESS)			<del></del>
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE I	<i>BOX</i> )			
	-		<u>.</u>	<del></del> -
B. If amending the registered agent and/or reagent and/or the new registered office addres		iress on our recor	ds, <u>enter the name c</u>	f the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida si	reet address	
	<u></u> .		Florida	
		City		Zip Code
New Registered Agent's Signature, if changing R	-			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this decompany has been notified in writing of the decompany has been notified in writing of this decompany has been notified in writing of the decompany has been notified in writing the decompany has been notified in the decompany has been	er and complete pe stered agent as pro registered office ac	rformance of my ovided for in Chap	duties, and I am fan ter 605, F.S. Or, if i	iliar with and his 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 = M $AMBR = A$	anager uthorized Member			· · · · · · · · · · · · · · · · · · ·
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lam	es H. Batmasian,	Manager	1 11 1						

Filing Fee: \$25.00