

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BOCA MEDICAL PLAZA, LLC

Certificate of Status	0
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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BOCA MEDICAL PLAZA, LLC

Enter new principal office address, if applicable: 2300 Weston Road

(Principal office address  
MUST BE A STREET ADDRESS)

Suite 202

Weston, Florida 33326

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

2300 Weston Road

Suite 202

Weston, Florida 33326

2. The Florida document number of this limited liability company is: M21000000386

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 11, 2020

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Daniel A. Kaskel, Esq.

New Registered Office Address: 6111 Broken Sound Parkway NW, Suite 200

Enter Florida Street Address

Boca Raton

Florida

33487

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.*

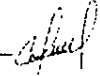
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Titan General Partners, LLC	2300 Weston Road, Suite 202	<input checked="" type="checkbox"/> Add
		Weston, Florida 33326	<input type="checkbox"/> Remove
MGR	Carlos Ulloa	2300 Weston Road, Suite 202	<input checked="" type="checkbox"/> Add
		Weston, Florida 33326	<input type="checkbox"/> Remove
MGR	Debra Corchia	2300 Weston Road, Suite 202	<input checked="" type="checkbox"/> Add
		Weston, Florida 33326	<input type="checkbox"/> Remove
MGR	TJAC Boca, LLC	7355 Mandarin Dr.	<input type="checkbox"/> Add
		Boca Raton, Florida 33433	<input checked="" type="checkbox"/> Remove
MGR	Zvi Schwarzman	7355 Mandarin Dr.	<input type="checkbox"/> Add
		Boca Raton, Florida 33433	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

 Signature of the authorized representative

Carlos M Alvarez, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2021 FEB 22 PM 5:31  
CLERK OF DISTRICT COURT  
PALM BEACH COUNTY, FLORIDA