

Electronic Filing Cover Sheet

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(((H080002649673)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name

: ROTHSTEIN, ROSENFELDT, ADLER

Account Number : 072164000350

: (954)522-3456

Phone

Fax Number

(954) 527-8663

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RILEY MCDERMOTT'S LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

DEC - 3 2008

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Riley Mo	Dermott's, LLC		.
		ited Liability Company)	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	08 OEC -2 AH 6: 08
Picase return all correspon	dence concerning this matter	to the following:	27.2
	Christina M. Kitterman, E	· . · · · · · · · · · · · · · · · ·	
		(Name of Person)	8:
	Rothstein Rosenfeldt Ad	ler	<u>ත</u>
		(Firm/Conspany)	
	401 East Las Olas Boule	evard, Suite 1650	
		(Address)	
	Fort Lauderdale, FL 3330	01	
		(City/State and Zip Code)	
For further information co	ncerning this matter, please o	all:	
Christina M. Kitterman,	Esq.	at (954) 315-7228 (Area Code & Daytime Te	
(Name of	Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the	e 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)
Registra Division P.O. Ho	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

Riley McDermott's, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBDEC-2 M 8:08

(Name of the Limited Liability (A Florida L	Company as it now appears on out imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 8/17/2007	and assigned
Florida document number 1.07000084587	6	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Bova Prime, LLC		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	/F/ FJ	vida utvost addessa)
·	(Enter Florida street address)	
	(City)	, Florida(Zip Code)
	(CHy)	(zip Coue)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	Name	Address	<u>Ty</u>	pe of Action
Pres	Anthony Bova			Add Remove
<u>V.P.</u>	David J. Boden	401 East Las Olas Blvd., Suite 1650 Fort Lauderdale, EL 33301		Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If amendin	ng any other information, enter change(s	n) here: (Attach additional sheets, if necessary.)		Add Remove JAVISION OF CORPOR
Dated Decamb	er 1 , 2008			RATIONS 8: 08
<u>-</u>	l Christina M. Kitterman, Esc	authorized representative of a member	· · · · ·	-

Page 2 of 2

Filing Fee: \$25.00