## L08000017583

(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
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SECRETARY OF STATE
AND AN ASSEE, FLORIDA



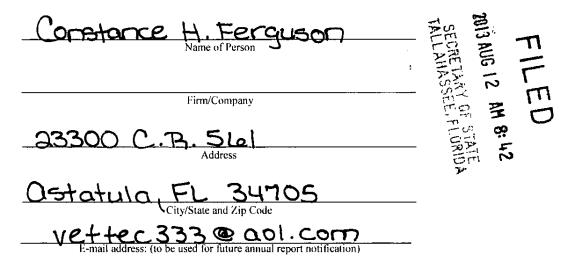
AUG 1 3 2013 J. BRYAN

## **COVER LETTER**

Divisio	on of Corporations
SUBJECT:	Boscoe Enterprises, LLC
	Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Connie Ferguson at (407) 947-5436
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

**№** \$25.00 Filing Fee

TO:

Registration Section

□\$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)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2013

CONSTANCE H. FERGUSON 23300 C.R. 561 ASTATULA, FL 34705

SUBJECT: BOSCOE ENTERPRISES, LLC

Ref. Number: L08000017583



We have received your document for BOSCOE ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

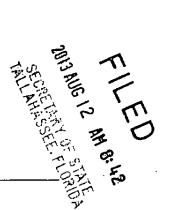
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 813A00018003

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Bosco	e Fn	terpr	rises.	LLC
(Name of the Limited	Liability Co.	mpany as it no	ow appears do	our records.)
	A Florida Limit	ted Liability C	(ompany)	

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 2 13 2008 and assigned
Florida document number L08000017583
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Quality Opproisals by Boscoe LLC  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(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: Copestonce H. Ferguson

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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
On Stance d. Herguson

Enter Florida street address

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add
		•	The Remove
			TO POST
			Service Barrier
			Remove
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If amen	ding any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)
. —		
_		SECUENTE LA
_		SEE SEE
ed	,	FLORIE STATE
	Signature of a member of authorized representative of a member	
	Constance H. Ferguson Typed or printed ame of signee	

Page 3 of 3

Filing Fee: \$25.00