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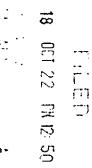
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## TROIANO & ROBERTS, P.A.

ATTORNEYS AT LAW

317 S. TENNESSEE AVENUE LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005) CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO NICHOLAS J. TROIANO LAURIANE CICCARELLI REPLY TO:
P. O. DRAWER 829
LAKELAND, FLORIDA 33802-0829
TELEPHONE (863) 686-7136
FAX (863) 686-9157
WEBSITE;
WWW.TROIANOLAW.COM

October 17, 2018

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: BOSKO'S FOURSOME, LLC

Our File No.: 2016-0489

Dear Sirs:

Enclosed please find the original of the Articles of Amendment to the Articles of Organization for the above named entity. After filing, please return an acknowledgement of filing after the Amendment has been filed. I have also enclosed a check in the amount of \$25.00 to cover the filing fees.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely.

Victor J. Trojano

VJT/mph

Enclosures

## **COVER LETTER**

Division of Co	rporations		
BOSKO'S SUBJECT:	FOURSOME, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	VICTOR J. TROIANO, ES	QUIRE	
		Name of Limited Liability Company  d fee(s) are submitted for filing.  ling this matter to the following:  TROIANO, ESQUIRE  Name of Person  & ROBERTS, P.A.  Firm/Company  I TENNESSEE AVENUE  Address  D, FLORIDA 33801  City/State and Zip Code  mail.com  E-mail address: (to be used for future annual report notification)  matter, please call:  at (363 686-7136 746 746 746 746 746 746 746 746 746 74	
	TROIANO & ROBERTS, I	P.A.	
		Firm/Company	
	317 SOUTH TENNESSEE	AVENUE	
		Address	
	LAKELAND, FLORIDA	33801	
	dab50@hotmail.com	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	cation)
For further information	concerning this matter, please ca	II:	
Victor J. Troiano		01 (	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of New Registered Agent: New Registered Office Address:	LAKELAND  City	rida street address, Florida 33813 Zip Code
		rida street address
	1345 BRIGHTON WAY	
name of new Registered Agent:		
Name of Name Davidson d. Amount	DONALD BOSKO	
gistered agent and/or the new registered		
If amending the registered agent and	d/or registered office address of	our records, enter the name of the
failing address MAY BE A POST OFFICE	<u> </u>	<u> </u>
nter new mailing address, if applicable:		
		2 11
rincipal office address MUST BE A STRE		
nter new principal offices address, if appli	cable:	
e new name must be distinguishable and contain the	words "Limited Liability Company," the o	lesignation "LLC" or the abbreviation "L.L.C."
if amending name, enter the new name	or the manted habitity company is	ere:
If amending name, enter the new name	-	ara.
is amendment is submitted to amend the fol	llowing:	
orida document number [1.16000161949	·	
ne Articles of Organization for this Limited I	Liability Company were filed on $\frac{\mathrm{Al}}{\mathrm{Al}}$	UGUST 30, 2016 and assigned
	ited Liability Company as it now appea (A Florida Limited Liability Company)	

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>	Address	Type of Action
AMBR	TIMOTHY BOSKO	3485 STARBURST COURT W.	
WMDK		_	
		MULBERRY, FL 33860	
			■ Remove
			Change
AMBR	ANDREA BOSKO	3485 STARBURST COURT W.	
		MULBERRY, FL 33860	
			■ Remove
			Change
AMBR	DONALD BOSKO	1345 BRIGHTON WAY	•
		LAKELAND, FL 33813	52 [2
			Remove-
			=
			Remove 7
AMBR	LINDA BOSKO	1345 BRIGHTON WAY	•
		LAWELAND DE 20012	Add
		LAKELAND, FL 33813	
		<del></del>	Remove
			<b>5</b> CI
		1345 BRIGHTON WAY	Change
MGR	DONALD BOSKO	1343 BRIGHTON WAT	<b></b> Add
		LAKELAND, FL 33813	Add
		DANEDAND, FE 33013	Remove
			U Kemove
			Change
			□ Add
	<del> </del>		
			☐ Remove
			☐ Change

ARTIC	TLE IV is hereby restated as follows:
ARTIC	CLE IV - Management (Check applicable box)
X	The Limited Liability Company is to be managed by one manager or managers and is,
	therefore, a manager-managed company.
	The Limited Liability Company is to be managered by one member or members and is,
	therefore, a member-managed company.
	7 2
	7
	1 22 PI V.
-	7° C
<del></del>	
effective c <u>e:</u> If the	ate, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the ear aday after the record is filed.
ed	OCTOBER 15. 2018  V Month G Book  Signature of a member or authorized representative of a member
D	OONALD BOSKO
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00