

A08 000000443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

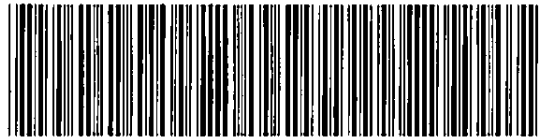
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/24--0101E--019 **52.50

2024 APR 10 PM 12:20
DEPT OF STATE
TAMPA, FL

K. HUNT
Call 16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOA/BBRB FAMILY LIMITED PARTNERSHIP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Carina Arias

Contact Person

Galbraith Weatherbie Law, PLLC

Firm/Company

999 Vanderbilt Beach Rd, Ste 509

Address

Naples, FL 34108

City, State and Zip Code

carias@gwtrust.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carina Arias

at (**239**)

325.2301

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED DIVISION OF CORPORATIONS STATE OF FLORIDA TALLAHASSEE, FL
MAY 19 10 12:20 AM '09

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
BOA/BBRB FAMILY LIMITED PARTNERSHIP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: 0800000443

2. The jurisdiction of its formation is: Florida

3. The date the entity was authorized to transact business in Florida is: 04/15/2008

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

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 04/15/2008 10:20 AM

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:
Name: Business Address:

OLEY FAMILY LLC	999 Vanderbilt Beach Rd, Ste 509	<input type="checkbox"/> Add
	Naples, FL 34108	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change

OLEY FAMILY OF FLORIDA, LLC	999 Vanderbilt Beach Rd Ste 509	<input checked="" type="checkbox"/> Add
	Naples, FL 34108	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.


9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: 4/02/2024 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

APR 10 12:10 PM '24
STATE

Signature of a general partner:



Typed or printed name:

Brett C. Oley

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75