## L6100012070

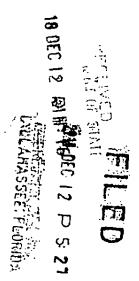
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to riling Officer.

Office Use Only



800321629378

12/12/18--01014--004 \*\*25.00



D. SCOTT DEC 1 3 2018

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

SEELIGER Y CO	NDE INTERNA	TIONAL	
- MIAMI, L.L.C.			
-,			
			Art of Inc. File
			Art of Inc. File  LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
5			Vehicle Search
	<del></del>	· ····	Driving Record
Requested by:			UCC 1 or 3 File
Nama	Data	Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick U <sub>l</sub>	·	Courier

## **COVER LETTER**

	gistration Sec ision of Corp			
CUDIECT.	SEELIGER	Y CONDE INTERNATIONA	L - MIAMI, L.L.C.	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		AMANDA CASTELLON		
			Name of Person	
		DOUGLAS REGISTEREI	AGENTS, LLC	
			Firm/Company	20 2
2600 S. DOUGLAS RD, S			UITE 510	E SC 12 P
			Address	T T
		CORAL GABLES, FL 33	34	S. 27
			City/State and Zip Code	
		ACASTELLON@CASTEL		
		E-mail address: ()	o be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please co	dl:	
AMANDA	CASTELLO	N	786 391-3721	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 E	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)
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEELIGER Y CONDE INTERNATIONAL - MIAMI.		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records iability Company)	4)
The Articles of Organization for this Limited Liability Company	were filed on 07/23/2001	and assigned
Florida document number L01000012070		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
BOYDEN PARTNERS, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		
	40.7	200
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- <del> </del>
		7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	F . 17 . 1	
	Enter Florida street address	•
	, Flo	
	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

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 **Address** Type of Action Title Name □ Add \_□ Remove \_□ Change \_□ Add \_□ Remove ☐ Change □ Add Remov ס **₽**PAdd ☐ Remove □ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove

\_□ Change

	<u> </u>
	<u></u>
	<b>8 2 2</b>
ective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be prior to date of filing or more than the state in this block does not meet the applicable statutory filing requires turnent's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.020 ements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, a he 90th day after the record is filed.	t 12:01 a.m. on the earlier o
red DECEMBER 3	
Signature of a member or authorized representative of amen	nber

Page 3 of 3

Filing Fee: \$25.00