

L030000041278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

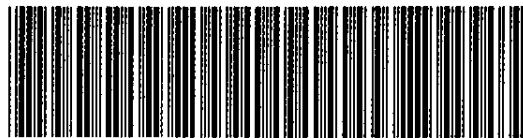
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800213169658

800213169658
10/18/11--01037--005 **50.00

FILED
11 OCT 18 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 19 2011

BRYAN J. STANLEY, P.A.

ATTORNEY AT LAW

209 TURNER STREET
CLEARWATER, FLORIDA 33756

TELEPHONE (727) 461-1702
FACSIMILE (727) 461-1764
E-MAIL: bryan@bryanjstanley.com

October 13, 2011

VIA U.S. REGULAR MAIL

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

Re: Boos States Development, LLC
Boos Florida Development, LLC

Ladies and Gentlemen:

In connection with the above-referenced, please find enclosed original Articles of Amendment to Articles of Organization of Boos States Development, LLC and Boos Florida Development, LLC for filing. Also, enclosed is our client's check in the amount of \$50.00, representing the filing fees.

Please do not hesitate to contact me with any questions.

Sincerely,

BRYAN J. STANLEY, P.A.


Bryan J. Stanley, Esq.

BJS/mf
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Boos States Development, 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:

Bryan J. Stanley, Esq.

Name of Person

Bryan J. Stanley, P.A.

Firm/Company

209 Turner Street

Address

Clearwater, FL 33756

City/State and Zip Code

bryan@bryanjstanley.com

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

For further information concerning this matter, please call:

Bryan J. Stanley

Name of Person

at (**727**)

461-1702

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

OCT 18 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Boos States Development, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/22/2003 and assigned
Florida document number L03000041278.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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

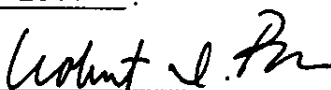
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert B. Boos	2651 McCormick Drive Clearwater, FL 33759	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
11 OCT 18 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated October 7, 2011



Signature of a member or authorized representative of a member

Robert D. Boos

Typed or printed name of signee