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JAN - 5 2015 **T. HAMPTON** :

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	DOCA BAY III	ited Liability Company	<u>.</u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Jose	Name of Person	
	<u> </u>	CA BAY III, LL	<u>C</u>
	100 5	Address Miltay Trac	L#24
	(City/State and Zip Code NFO Boot to be used for future annual report notifi	1 33442
	E-mail address: (to be used for future annual report notifi	ABAY.COM
For further information con	cerning this matter, please ca		
Soph C. N Name of P	erson	at (561) 716-0 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

Boca Bay III, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 02/18/2004	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Boca Bay Driving School, LLC		
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		8_71
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HASSEE, FLORIDA	C 22 PH 4: 24
B. If amending the registered agent and/or registered of	office address on our records, enter the n	ame of the new
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Baghdoian, Kevin K	22485 SW 61st Way C-136	Add
		Boca Raton, FL 33428	■ Remove
AMBR	Nickerson, Joseph C	100 South Military Trail #24	Add
		Deerfield Beach, FL 33442	□ Remove
			□ Add □ Remove
			TALLAPEC TA
			AAdd RAdd
			STATE STATE
			Add
			Remove
			□ Remove

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effective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) Taked Signature of a member or authorized representations of the control of the c	entative of a member

Page 3 of 3

Filing Fee: \$25.00

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AFFAHASSEE, FLORIDA