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SECRETARY OF STATE
VALUATASSEE ELOBORY

D. BRUCE

SEP 07 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporati		
SUBJECT: La BOS	Name of Limited Liability Company	
The enclosed Articles of Amend	dment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
	Joseph La Rosa Name of Person	-
7	a Bosa Realty, 11C	<u>-</u>
14	120 Celebration Blvd., Ste. 100	-
_(Celebration, FL 34747 City/State and Zip Code	10 SE
For further information concern	E-mail address: (to be used for future annual report notification) ning this matter, please call:	P-3 AM
Houring Farge Name of Perso	at (391) 939-1475 Area Code & Daytime Telephone Number	STATE LORIDA
Enclosed is a check for the follo	owing amount:	
\$25.00 Filing Fee \$	(additional copy is enclosed) Certifie	ate of Status &

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

(Name of the Limited Li	Bealty // ability Company as it	now appears on our rec	cords,
The Articles of Organization for this Limited Liab	ility Company were f		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability co	mpany here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liab	bility Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:	,	
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			F L E
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office ad e address here:	ldress on our records	s, enter the name of the new
Name of New Registered Agent:	<u> </u>	<u>-</u> <u>-</u> .	
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 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 Type of Action **Title** Address <u>Name</u> Michael Lahosa MERM ☐ Add Remove MARM ☐ Add **Re**move ☐ Add ☐ Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00