## 10600061044

(Re	equestor's Name)	
(Ac	ldress)	
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. (Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration S Division of Co						
BOYS, LI						
SUBJECT:	Name of Lim	ited Liability Company	<u>.                                    </u>			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	CHERYL SVOBODA					
		Name of Person	.,			
	BOYS, LLC					
		Firm/Company				
	3604 PALM BEACH BLVD Address					
	Address FORT MYERS, FL 33916					
	City/State and Zip Code					
	chersvo@gmail.com					
	h-mail address: (	to be used for future annual report notif	ication)			
For further information	concerning this matter, please c	all:				
CHERYL SVOBODA		239 839-3651				
Name of Person			: 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:

TO:

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 Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
	were filed on	and assigned
ida document number L06000061044  s amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  er new principal offices address, if applicable:  ncipal office address MUST BE A STREET ADDRESS)  FORT MYERS, FL 33916  FORT MYERS, FL 33916  SOUTH TOTALL  OF TOTALL		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3604 PALM BEACH BLVD	98. 18
Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33916	AUG AUG
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inter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		3 %
		·-
**		er the name of the
egistered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	г <i>ір Соае</i>

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CHAD M SVOBODA	3604 PALM BEACH BLVD	<b>■</b> Add
		FORT MYERS, FL 33916	□ Remove
			☐ Change
MGR	CHERYL A SVOBODA	3604 PALM BEACH BLVD	
•		FORT MYERS, FL 33916	☐ Remove
			■ Change
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effective date is listed, the date must	be specific and cannot be pr	ior to date of	filing or more t	han 90 days after	filing.) Pursuant to 6	05.0
te: If the date inserted in this blo cument's effective date on the De			nory ming re	quirements, unis	date will first be fi	sicu
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ne sour day arter the reco						
The 90th day after the reco	2018					
AUGUST 1	, 2018					
AUGUST 1	, 2018	··				
	2018  1 Signature of a number or a	da uthorized ren	resentative of a	member		

Page 3 of 3

Filing Fee: \$25.00