

W6000065016

(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



800131395998

06/18/08--01009--001 **25.00

FILED
08 JUN 18 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cell/gest

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOYNTON BOUNDLESS PO, L.L.C.
(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:

Carole Aronson
(Name of Person)

Weiner, Aronson & Mankoff, P.A.
(Firm/Company)

10 SE 1st Ave., Suite C
(Address)

Delray Beach, FL 33444
(City/State and Zip Code)

For further information concerning this matter, please call:

Carole Aronson at (561) 265-2666
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
08 JUN 18 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BOYNTON BOUNDLESS PO, L.L.C.

(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 06/27/2006 and assigned
Florida document number L06000065016.

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:

10 SE 1st Ave., Suite C

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach, FL 33444

Enter new mailing address, if applicable:

10 SE 1st Ave., Suite C

(Mailing address MAY BE A POST OFFICE BOX)

Delray Beach, FL 33444

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:

10 SE 1st Ave., Suite C

(Enter Florida street address)

Delray Beach

(City)

, Florida 33444

(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)

08 JUN 18 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

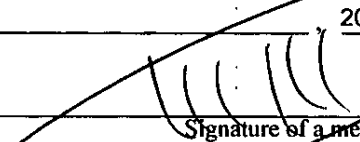
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Weiner, Michael S.	102 N. Swinton Avenue Delray Beach, FL 33444, US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Weiner, Michael S.	10 SE 1st Ave., Suite C Delray Beach, FL 33444	<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

FILED
08 JUN 18 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated _____ 2008



Signature of a member or authorized representative of a member

Typed or printed name of signee