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## **COVER LETTER**

	Registration Se Division of Cor			
SHD IECT		ima Development, LLC		
SUBJEC'	I:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Bryan J. Stanley, Esq.		
			Name of Person	
		Bryan J. Stanley, P.A.		
			Firm/Company	<del></del>
		209 Turner Street		
			Address	
		Clearwater, FL 33756		
		<del> </del>	City/State and Zip Code	
		bryan@bryanjstanley.com		
		E-mail address: (	to be used for future annual report noti	fication)
For furthe	r information c	oncerning this matter, please c	all:	
Bryan J. S	Stanley, Esq.		727 461-1702 at ( )	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed i	is a check for th	ne following amount:		
<b>■</b> \$25.0	0 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)
	<u>1ailing Addres</u> Registration S		Street Address: Registration Sec	ction
[	Division of C	orporations	Division of Cor	
	P.O. Box 632		The Centre of T	
	Tallahássee, I	TL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 HAY 10 PFI 3: 18

Boos Alabama Development, LLC		
(Name of the Lim	ited 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 03/08/2007	and assigned
Florida document number L07000025597	·	
This amendment is submitted to amend the following	Howing:	
A. If amending name, enter the new name	of the limited liability company here:	
N/A		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
	<del></del>	<del></del>
(Principal office address MUST BE A STRE	ET ADDRESS)	
		_ <u>-</u> .
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	
R If amending the registered agent and/or	registered office address on our records, enter th	a name of the new registe
agent and/or the new registered office addre		e name of the new registe
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street address	
	F	
	, Flori	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 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: The gradual states MGR = Manager 21 MAY 10 PA 3: 18 AMBR = Authorized Member Address Type of Action Title Name MGR **CURTIS J. NEEL** 410 Park Place Blvd, Suite 100, Clearwater, FL 33759 ■Add \_\_\_\_ \_ \_ \_ \_ \_ \_ Remove DAdd □Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗀 Add \_\_\_\_\_\_ Петюче \_\_\_\_\_ 🗀 Add □Remove

\_\_\_\_\_ □Change

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o med.	optional) after filing.) Pursuant to 605.0 , this date will not be listed
May 7 2021	(b) The 90th day after t
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ed May 7 2021	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00