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F. HAMPTON

F. HAMPTON

EXAMINER

COVER LETTER

Division of C						
SUBJECT:	Воу	den LA LLC				
		Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		Thomas Connelly				
		Name of Person				
		Boyden LA LLC				
Firm/Company						
	2333 (Ponce De Leon Blvd #	1120			
		Address				
	C	Coral Gables, Fl 33134				
		City/State and Zip Code				
	E-mail address:	onnelly@boyden.com to be used for future annual repo	et postification)			
For further information	concerning this matter, please	•	it nonitation)			
Mi	chael Lascelle	at (786)	553-5290			
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount:					
325.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:		STREET/C	OURIER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2011 NOV 28 PM 2: 28

	Boyden L	.A, LLC		Significant of orate
(Name of the Limited L (A F	iability Compar lorida Limited L	iv as it now appears iability Company)	on our records.)	ALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liab Florida document number L080000088		were filed on	1/25/2008	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liab	ility company here	;	
	N/A			
The new name must be distinguishable and end with a "L.L.C."	the words "Limit	ted Liability Compar	y," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicah	ole:	N/A		
(Principal office address MUST BE A STREET				
Timelput Vijee uuuress moot be 71 bisseet	(IDDI)LUGI			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2x</u> 2	N/A		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		: :	ur records, <u>ente</u>	r the name of the new
New Registered Office Address:	N/A (Same address)			
New Atgracted Office Audits.			er Florida street a	iddress
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Re-	gistered 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

Page 1 of 2

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 **Address** Title Name MGRM **Thomas Connelly** 2333 Ponce De Leon Boulevard ☑ Add Remove suite 1120 Coral Gables, Fl 33134 ☐ Add ☐ Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of membe

Dated .

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00