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# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Boltman Holdings LLC 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:
Steven G. Ellerbe
Boltman Holdings LLC.
6626 Forestwad dr. West
Lakeland FL 33811
E-mail address: (to be used for future unful report notification)
For further information concerning this matter, please call:
Strucy 671e/br at (727) 639-26/7, Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

TO:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boltmon	Holdings LLC To
(Name of the Limited (A	Liability Company askinow appears on our records.)  A Florida Limited Liability Company)  23077  Fig. 12. 1
The Articles of Organization for this Limited Liab	polity Company were filed on $3^{-1}2 \cdot 2 \cdot 6$ and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	233
wanted the second secon	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	
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 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>	Name	Address	Type of Action
resident	Rozalynne Ellertee	6626 FORESTWOOD PR. WEST LAKELAHD FL. 73811	□Add
		· · · · /	Tranove
			□Change
President	Derise Ellerbe, 6621 Forestwood dr. W	the second contract of	Add
	Lakeland Fl.		□Remove
	J 3 <b>@</b> ¥{		□Change
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Signature of a member or authorized representative of a member	Dated						
			Signature of a mei	nber or authoriz	ed representative of a m	ember	
STEVEN G FULLMAN		STA	IFN G	Ful	i-NBX		

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Filing Fee: \$25.00