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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: BOA ASSET Management 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:						
Anthony Dianal (Name of Person)						
Anthonys Dianals (Name of Person) BOA ASSET Management HC (Firm/Company)						
1936 West Dr. MLH Jr. Boulevard, suite ley (Address)						
Tampa, FL 33607 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Anthony Dianath at (727) 688-7097 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$ Certificate of Status \$25.00 Filing Fee & Certificate of Status \$25.00 Filing Fee & Certificate of Status \$25.00 Filing Fee & Certificate of Status &						

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

09 MAR 23 AM 11:51

BOA Asse	T Manag	ement	h.L.C.	SECRETA TABLAHAS	RY OF STATE SSEE FLORIDA
BOA ASSE (Name of the Limited L (AF	iability Compan lorida Limited Li	y as it now a lability Compa	opears on our reco	rds.)	
The Articles of Organization for this Limited Liab	oility Company				assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liabi	<u>lity company</u>	v here:		
<u> </u>					
The new name must be distinguishable and end with the "L.L.C."	the words "Limite	ed Liability Co	ompany," the desig	nation "LLC" or t	he abbreviation
Enter new principal offices address, if applicab	ole:	1936	West Dr.	MLIT JE B.	eulevard
(Principal office address MUST BE A STREET	ADDRESS)	Suite	104		
		Jampa	West. Dr. 104 104 .FL 3360	7	
Enter new mailing address, if applicable:		3059	Sugar Bea	e Tr	
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	palm	Harbor, FL	- 34684	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	e address here:	:	on our records,		
			•		
			MLIT Jr, (Enter Florida s	treet address)	
	Tampa	(C:4.1)	, Flo	rida	1607
No. Barbara I.A. albaga		(City)		(Zip C	Jode)

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)

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 = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MERM	Bobby Soroory	ZOI OCCAN AVE # 710 BB Santa Manica, LA 90402 USA	Add
<u>VP</u>	BoBBy Soroory	ZOI OCCAN AVZ # 710 BB SOMA MONTA, LA 90402 US	Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
		nge(s) here: (Attach additional sheets, if necessar	
*	Please Feep Anthony	ess'is also correct For Antho	
	way it is The add	ess is also correct For Antho	51 27
	Dignaty Thank you		
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			FOR THE T
Dated	3/18/09 AM		OS HAR 23 AM I
	Anthony Dignat	per or authorized representative of a member	AF STATE

Page 2 of 2

Filing Fee: \$25.00