# 208000039156

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

<u>L</u>.

A. LUNT

NOV 1 6 2010

**EXAMINER** 

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SEGNETARY OF STATE TALLAHASSEE FLORIDA

TED

## **COVER LETTER**

Division of Corp.				
SUBJECT:	Bo A Ass Name of Limit	SET Management LL ted Liability Company	·c	
	mendment and fee(s) are sub	_		
	7	Croffy Name of Person		
		Firm/Company	2010 NOV 1	~~~
		Address	—— പ്ലാപ്പ് വ	
		City/State and Zip Code	PM 12: 42  OF STATE E-FLORIDA	$\bigcirc$
For further information con	cerning this matter, please ca			
Sohn J. Cro Name of P	Crson	727 at ( <del>78</del> ) <u>688-7097</u> Area Code & Daytime Te	lephone Number	
Enclosed is a check for the	following amount:			
\$25.00 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 enclo	osed)

### 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**

BOA Asse	Manage	Lame	hc		
(Name of the Limited L	iability Company lorida Limited Lia	as it now apr	ears on our reco	rds.)	<del></del>
The Articles of Organization for this Limited Liab	oility Company w	vere filed on _	4/18/200	8	and assigned
Florida document number Lo8000039156					
This amendment is submitted to amend the follow	ving:			<b>E</b> s	201
A. If amending name, enter the new name of t	he limited liabili	ty company	nere:	LAHAS	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Cor	npany," the design	ation LIC"	or the abbreviation
Enter new principal offices address, if applicab	le:			51A	<u>ت</u>
(Principal office address MUST BE A STREET.	ADDRESS)		NIX		no -
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		NIA		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic e address here:	e address o	our records,	enter the na	ime of the new
Name of New Registered Agent:		John J.			
New Registered Office Address:	1936 W.	Dr. M	IK 3r. Bl. Enter Florida str	rd sit	i loy
					73648
	lampa	Citv	, Flor	ida	Code
New Registered Agent's Signature, if changing Reg		City		ZIĮ	o coae
new register ou Agent's Signature, it changing Kee	istereu 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
46RM	Anthony Dianaty	1932 W. Dr. MIHJr. Blod site loy	Add Q Remove
MGR	John J. Crotty	2907 W. Bay to Bay Blvd SER 312 Tape, FL-33622	Add Remove
	<del></del>		Add Remove
			Add Remove
		LL AHASSEE	ZE DE
		FLORDE	
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			<del>-</del> -
Dated	11/9/10	 )	
-		or authorized representative of a member  Croff or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00