## LO8 0000 558 90

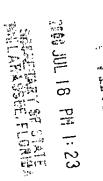
•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1

Office Use Only



500133059465

07/18/08--01031--001 \*\*25.00



T. CLINE

JUL 2 1 2008

**EXAMINER** 

## **COVER LETTER**

SUBJECT: Boston I	National Financial S (Name of Lim	Services, LLC ited Liability Company)			i
	amendment and fee(s) are sub	_			
	Rich Shea	(Name of Person)			
	Boston National Title	(Firm/Company)	<del></del>		
	475 NW Prima Vista Blvd	(Address)			
	Port St Lucie, FL 34983	(City/State and Zip Code)			\$ >1[f <sub>4</sub>
For further information co	ncerning this matter, please c	all:			\$ 4500 \$ 4500
Rich Shea (Name of	f Person)	at ( <u>772</u> ) 879-2013 (Area Code & Daytime Te	elephone Number)	PH 1: 23	j. gso r.,
Enclosed is a check for the	e following amount:			1621 1	
② \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Boston Action of Financial Services, CCC

(Name of the Limited 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 06/05/2008 and assigned

This amendment is submitted to amend the following:

Florida document number L08000055890

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Comp" L.L.C."	•	
L.L.C.		· •
Enter new principal offices address, if applicable:	C. C.	
(Principal office address MUST BE A STREET ADDRESS)		
	\$2.5 C	20
		D 1
Enter new mailing address, if applicable:		<u>.                                    </u>
(Mailing address MAY BE A POST OFFICE BOX)	Eligit funts Systematical	23

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	(City)	
		. Florida
Nogintered Office Fladiess.	(Enter Fl	lorida street address)
New Registered Office Address:		
Name of New Registered Agent:		

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 = Managing Member <u>Title</u> Name <u>Address</u> Type of Action \_ Add 🗖 Remove ☐ Add Remove 🖪 Add Remove □ Add Remove 🗖 Aḍd, Remove Add Add Semo Remove

D. If	amending any other inform	ation, enter change(s) here:	(Attach additional sheets,	if necessary.)	
					<del>_</del>
				<del>.</del>	
Dated	July 17 Carrens	, <u>2008</u> .			

Typed or printed name of signee

Richard Shea

Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00