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D. BRUCE
JUN 0 9 2009
EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	ECT:	Bouleva	ard Homes, LLC.			
		Name of Lin	nited Liability Company			
The en	closed Articles of	Amendment and fee(s) are s	ubmitted for filing.			
Please	return all correspo	ondence concerning this matt	er to the following:			
		В	arbara M. Brown-Emery	<u>/</u>	_	
			Name of Person			
Barbara M. Brown-Emery, P.A.		[.] .A.				
	Firm/Company			-		
	12718 DuPont Circle					
	Address		-			
			Tampa El 33626			
	Tampa, FL 33626 City/State and Zip Code		- \$\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}{			
		barba	ara@commonwealthtitle	.net	09 JUN -8 SECRETARY ALLAHASSE	
	•	E-mail address:	(to be used for future annual repor	t notification)	HAZETA ATETA	77
For fur	ther information c	concerning this matter, please	call:		f-y-a	FILE
	Barbara	M. Brown-Emery	at (813)	289-8485	AH II	
		f Person	Area Code & D	289-8485 Daytime Telephone Number	AM II: 39 OF STATE FLORIDA	
Enclose	ed is a check for the	he following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	closed) Certifie	ate of Status &	sed)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of C Clifton Build	Corporations		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Box	ulevard Homes, LLC.			
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear prida Limited Liability Company)	s on our records.)		
V	······································			
The Articles of Organization for this Limited Liabi	lity Company were filed on	09/29/2008	and assigned	
Florida document numberL0800009235	<u> </u>			
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	a limited liability company have	n.		
A. It amending name, enter the new name of the	e minieu nadmity company nero	<u>2</u> :		
The new name must be distinguishable and end with the				
"L.L.C."	le words Limited Liability Compar	ny, the designation "Li	co or the appreviation	
Enter new missingle officer address of smaller by				
Enter new principal offices address, if applicable			717	
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>		Y ATA	
		7		
Enter new mailing address, if applicable:			<u>i≱ </u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter th</u>	e name of the new	
registered agent and/or the new registered office	address here.			
Name of Nam Basistanad Agents				
Name of New Registered Agent:				
New Registered Office Address:	···			
	Enter Florida street address			
<u>-</u>		, 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 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 Title Name <u>Address</u> Type of Action **MGMR** Mary Ellen Emery 2032 Cove Trace ☑ Add Palm Harbor, FL 34685 Remove ☐ Add Remove □ Add ☐ Remove ∏ Add Remove \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 5 2009 Dated_ Signature of a member or authorized representative of a member Barbara M. Brown-Emery Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00