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SECRETARY OF STATE
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J. BRYAN

MAR - 3 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor	ection porations		
SUBJECT:	Boucy Ente	ited Liability Company)	······································
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Geor	Sovay (Name of Person)	······································
	Surcy	(Name of Person) Enterprises (Firm/Company)	
	444	Sw. 4th St. #40	5 PAR 99
	Miami	(City/State and Zip Code)	TILEI MAR - 2 PR CARLASSEE.
For further information of	concerning this matter, please c	all:	P STATE FLORIE
Grey Joy (Name	of Person)	at (305) 926.9 (Area Códe & Daytime T	386 elephone Number)
Enclosed is a check for t	he 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 enclosed)
			,

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

OF		1 or 25%
	terpises LLC	F. FLOR ST.
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	A STEEL
The Articles of Organization for this Limited Liability Company v Florida document number <u>ゆかりろそりの</u> . しの8000ロロン	vere filed on 12/03/08	and assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liabil Society Expression The new name must be distinguishable and end with the words "Limited liabil)		
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDRESS)		
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street ad	ldress)
	(Line) I wild siree uu	ui cooj

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

, 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 Type of Action **Address** Title Name -Geogrifizo 50 Jardines de Christosco Marico City Musico. Remove Remove Remove Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Feb. 26th Signature of a member or authorized representative of a member Typed or printed name/of signee

Page 2 of 2

Filing Fee: \$25.00