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EXAMINER



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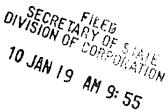
10 JAN 19 AM 9: 55

DIVISION OF CORPORATION

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	1	824 LLC				
		ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		GREG BOREE Name of Person				
	DOD		•			
	BOR	BOREE INVESTMENTS, LLC Firm/Company				
	8280 PRINCETON SQ. BLVD. S# 4					
	020011	Address	<u> </u>			
	JAC	CKSONVILLE, FL 3225	6			
		City/State and Zip Code				
	E-mail address: (ondhrv8@gmail.com to be used for future annual repor	t notification)			
For further information	concerning this matter, please of		•			
	Syndi Harvey	at (904)	731-4110 Paytime Telephone Number			
Name	of Person	Area Code & D	eaytime Telephone 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 end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration S Division of C Clifton Build	Corporations ing ve Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



182	4 LLC	y.	5. 55	
(Name of the Limited Liability Comp (A Florida Limited		s on our records,)		
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Compar	ny were filed on	1-28-2009	and assigned	
Florida document numberL090000969				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company her	<u>e</u> :		
8124	LLC			
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	8280 Princeto	on Sq. Blvd. S# 4		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville,	FL 32256		
	0444		•	
Enter new mailing address, if applicable:	SAME			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered		ur records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered office address h	ere:			
Name of New Registered Agent:				
Name of New Registered Agent.			-	
New Registered Office Address:	Fnt	ter Florida street add	Pass	
	Enter Floriau street address			
	City	, Florida	Zip Code	
	City		<i>Σιρ</i> Coue	

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 = Ma MGRM = I	nager Managing Member		
Title .	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
_			-
<u>.</u> 			_
Dated	Januray 11 201		
	Signature of a member of	or authorized representative of a member	
		Greg Boree	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00