L09000041084

(Re	questor's Name)			
(Ad	dress)			
(Address)				
. (Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
·	·			
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



200159767882

08/21/09--01050--007 **30.00

O9 AUG 21 PM 1: 38
SECRETARY OF STATE

J. BRYAN

AUG 24 2009

EXAMINER

COVER LETTER

TÒ:	Registration Section Division of Corporations				
SUBJE	CT: Bosun Properties, LLC Name of Limited Liability Company				
The end	closed Articles of Amendment and fee(s) are submitted for filing.				
Please	eturn all correspondence concerning this matter to the following:				
	Name of Person Posus Properties Firm/Company FO BOX 276 Address Address City/State and Zip Code Ydel aado e Tam pabay RR. Com E-mail address (to be used for future annual report notification)				
For further information concerning this matter, please call:					
_{\frac{1}{6}}	Name of Person at (863) 258-8288 Area Code & Daytime Telephone Number				
	of is a check for the following amount: 00 Filing Fee \$\frac{1}{2}\$30.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ 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

Bosu	n Properties	LLC	
(<u>Name of the Limited Lia</u> (A Fig	ibility Company as\it now appears on orida Limited Liability Company)	<u>/our records.</u>)	
The Articles of Organization for this Limited Liabi	lity Company were filed on <u>4</u>	<u>- 28 - めら</u> and assigned	
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
Bosun PR	OPERTIES & In	vestments, LLC	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:	· ·	
(Principal office address MUST BE A STREET A	ADDRESS)	SEC AL	
Enter new mailing address, if applicable:		AHASSEE.F	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	_	records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	micuel Aguiar	Le 210 Himes Aug TAMPA, FL 33614	Add Remove
	- All All All All All All All All All Al		Add Remove
			Add Remove
			Add Remove
	<u></u>		AddRemove
			AddRemove
D. If amend	ing any other information, enter change		FILED 09 AUG 21 PM 1: 38 SECRETARY OF STATE
Dated	/) DE	or authorized representative of a member Delaction or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00