## L09000068582

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B. KOHR

JUL 3 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Bostonian Caroup LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
The Bostonian Group LLC	
121 South Orange Ave, Suite 1410 2 2	
Onando, fl, 32801 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (407) 409-83(3  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Bostonia	n Gravo, LLC
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L090000858</u>	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
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	::
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	28 M 8
(Mailing address MAY BE A POST OFFICE BO)	
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Liner Fioriaa street aaaress
_	, 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** = Managing Member Type of Action <u>Address</u> **Title Name** ☐ Add ☐ Remove \_ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member CQO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00