

Division of Corporations

LO9000012223

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000181543 3)))



H090001815433ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 677-6383

From: Account Name : DAVID C. HASTINGS, CPA, PA
 Account Number : I20000000168
 Phone : (727) 322-0909
 Fax Number : (727) 322-0520

09 AUG 13 AM 8:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BOSCH INVESTMETNS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

RECEIVED
09 AUG 13 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H090001815433

H090001815433

FILED

09 AUG 13 AM 8:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BOSCH INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 27, 2009 and assigned
Florida document number L09000072223

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARIA'S ALF #2, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3428 W MINNEHAHA ST

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33614

Enter new mailing address, if applicable:

3428 W MINNEHAHA ST

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33614

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

H090001815433

H090001815433

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARIA PUENTE	3211 W SITKA ST TAMPA FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

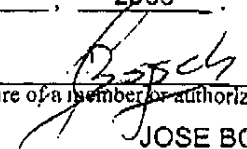
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 AUG 13 AM 8:02

FILED

Dated AUGUST 13, 2009



Signature of a member or authorized representative of a member
JOSE BOSCH

Typed or printed name of signee

H090001815433