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JUL 3 0 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	Bocavilliage 1	Init 2, LCC ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subi	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	<u></u> 2
	3	Name of Person	TALLAHASSEE. FLOAT
		Firm/Company	. F. S
	2140	- Austin	
	1120	Address Address	
	00010	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notificati	on)
For further information con	cerning this matter, please ca	dl:	
James of F	Wagy Person	at (305) 987-110  Area Code & Daytime Te	) lephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐855.00 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

Beavil	liage unit	2,440		SSA FERRIT	, <u>'m</u>
(Name of the Limited Lis	bility Company as orida Linuted Liabil	it now appears or	our records.)	To.	نځ م
The Articles of Organization for this Limited Liabi Florida document number <u>人の</u> 960808		e filed on		and assi	gned S
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of th	e limited liability	company here:	•		
The new name must be distinguishable and end with th	ne words "Limited L	,	, •		breviation
Enter new principal offices address, if applicabl	.e:	2146 +	Awtin FL		
(Principal office address MUST BE A STREET A	<u> </u>	_ Mrales	+ L	5 5.32.5	
Enter new mailing address, if applicable:	_				
(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 Name of New Registered Agent:	e address bere:	address on our Tomes Wo		r the name of	the new
New Registered Office Address:		Enter I	Florida street a	eddress	<del></del>
	Weste	<u>~</u>	. Florida	33326	
-	C	įù.	<u> </u>	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

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

Title	Name	Address	Type of Action
MGK	Remon Steve	P.O. Box 811750	Add
		Boca Ruhy, FL 3348/	Remove
M612	Keinst, Ruta	1600 KW 19th Ave Boca Pafm, FL 3348	Add
		1000 /eafm, FL 5348	6 Remove
MEIZ Wogy, James	Way, James	2146 Austin	Add
	·	Westm, FL 33326	Remove
MGR Way, Pavid	Way, Pavid	163666 Weder Way	Add
		163666 Weder Way Delray Beach, Fl 33446	Remove
	·	TALLAHAS	2919 JUL 29
		ASSE FI	
			2:57
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• •	• •
Dated	July 25 2013.
	Du Mon
	Signature of a member or authorized reput sentative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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