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(Req	uestor's Name)		
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
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2009 DEC -9 AM IO: 32
SECRETARY OF STATE

M. THOMAS

DEC 1-0 2009

EXAMINER

COVER LETTER

TO: Registration Section		•		
Division of Corporations				
SUBJECT: JFR TOX ON Name of Limi	d Multiger, ted Liability Company	lices		
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Frant	2 Badeau Name of Person	· · · · · · · · · · · · · · · · · · ·		
JFRI	ex and Mult Firm/Company	ISEMINCE S		
4699 N.	State Pd M	Stether -		
Jamaroc Frail address: (1	City/State and Zip Code City/State and Zip Code O be used for future annual report notifica	es@Grael.80n		
For further information concerning this matter, please call:				
Frantz Badeau Name of Person	at (93) 543- Area Code & Daytime T	Celephone Number		
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\times\$\$ Certificate of Status	S55.00 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

Name of the Limited Liability Comp	of multiseru	ices
(A Florida Limited	Liability Company)	,
The Articles of Organization for this Limited Liability Compan	ny were filed on 1112 09	and assigned
This amendment is submitted to amend the following:		200 S
A. If amending name, enter the new name of the limited lia	bility company here:	BOEC-
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation	三 三 四
Enter new principal offices address, if applicable:		5 5
(Principal office address MUST BE A STREET ADDRESS)		RID 32
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered of the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	, Florida	
	City	Zin 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, 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> **Address** Type of Action স Add Remove □Add Remove ∏Add 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00