## L10000001126

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON) State Elph Hone II)
PICK-UP WAIT MAIL
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(Document Number)
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N. Collisson JAN 12 20101

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BOA HOLDINGS  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:
Amanda Diem Name of Person
BOA HOLDINGS
700 S. Harbour Isld. blvd #509
Tampa, Pl 33 1002  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amanda Dum at (813) 505 - 8446  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certificate of Status \$ Certified Copy (additional copy is enclosed)

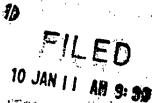
MAILING ADDRESS:

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



	O	F		I NAC O.	AH 9: 50	
(Name of the Limited I	DL DIN Liability Compa Torida Limited I	1GS ny as it no Liability Co	wappears on o	TALLAHAS	YY OF STATE SEE, FLORIDA	
The Articles of Organization for this Limited Lia	bility Company	were filed	i on	10	and assigned	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility com	oany here:			
The new name must be distinguishable and end with						
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ted Liabilit	y Company," th	ne designation "	LLC" or the abbreviation	
Enter new principal offices address, if applical	ole:	700	S. Harb	our Isla	blvd. #509	
(Principal office address MUST BE A STREET	ADDRESS)	Tar	npa, FL	- 33602	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	,	<u>-1</u>	mpa, t	1 336	d.blvd#509 02	
B. If amending the registered agent and/or registered agent and/or the new registered office.	registered of ce address here	fice addro <u>e</u> :	ess on our re	cords, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	N/A	·				
New Registered Office Address:						
	Enter Florida street address					
		City	<u>,</u>	, Florida	Zip Code	
		•			4	

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					
UGRM	Barbara Borell	301 W. Platt St #229 Tampa, FL 33606	Add Remove					
MGR	Oleg Koltunov.	301 W. Plat St #229 Tampa, Fr. 33606	Add					
MGR	oleg Koltunov	700 S. Harbour Isid. blr unit 509 rampa, Fr 33602	Add Remove					
MEKM	Amanda Diem	301 W. Platt St. #229 Tampa, FL 33406	AddRemove					
MGRM	Amanda Diem	700 S. Harbour Isid blvd Unit 509 Tampa, FL 33402	NAdd Remove					
			Add Remove					
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)						
Change business address to 700 S. Harbour Isla. 61vd #509								
Tampa, Fr 33602. Remove Barbara Borell. Change								
address for oleg Koltunov and Amanda								
Diem to 700 S. Harbour Isld. blvd #509 Tampa,								
FL	33402.		<b>3 3</b>					
Dated	an. 5th, 201		in § n					
Signature of a member or authorized replesentative of a member								
Typed or printed name of signee								
		D 2 C2						

Page 2 of 2

Filing Fee: \$25.00