L1000009221

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to OCT 12 PM 译写

SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

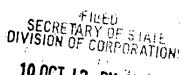
SUBJECT:	Boggess Co	nsulting Group, LLC	
30baec1		ited Liability Company	
The england Articles of As	nendment and fee(s) are sul	hmittad for filing	
		,	
Please return all correspond	lence concerning this matter	r to the following:	
	<u> </u>	David M. Smith	
		Name of Person	
		Firm/Company	
	1036	Bruce B Downs Blvd #325	
,	1930	Address	
·	٠.		
	We	esley Chapel, FL 33544	
		City/State and Zip Code	
engin engan engan en an en	r., E-mail address: (exec@axostech.net to be used for future annual report notific	ation)
	cerning this matter, please of		
· · · · · · ·	coming this matter, prease c		
Dav	vid Smith	at (813) 9	066 2765
Name of P	erson	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	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is chelosed)	(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**



10 OCT 12 PH 1851

Zip Code

Boggess (Consulting Group, LLC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
`	
The Articles of Organization for this Limited Liability	Company were filed on January 25, 2010 and assigned
Florida document number L10000009221	<u></u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
Bogg	jess Capital, LLC
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new
The second secon	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action <u>Title</u> Name 1 Address Member Quy Le 6921 N. Clearview Avenue ___ Add Tampa FL 33614 √ Remove Remove Remove □Add Remove \bigcap Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 8 , 2010 . Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00