# L10000 18222

(Requestor's Name)		
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PICK-UP	WAIT	MAIL .
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Certified Copies	Certificates	of Status
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SLORETARY OF STATE

ANT AHASSEE; FLORIDA

S. HAWKES

APR 2 2 2010

EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: BOMONT SOLUTIONS LLC
(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:
Post Formation Filings
(Name of Person)
MyCorporation (Firm/Company)
(Tumicompany)
23586 Calabasas Rd., Suite 102
(Address)
Calabasas, California 91302
(City/State and Zip Code)
For further information concerning this matter, please call:
Post Formations at (877 ) 692-6772 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &

### MAILING ADDRESS:

TO:

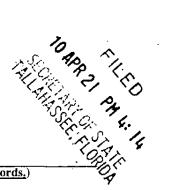
**Registration Section** 

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



BOMONT SOLUTIONS 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 Liabili	ity Company were filed on <u>02/17/2</u>	2010 and assigned	
Florida document number <u>L10000018222</u>	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
B. If amending the registered agent and/or re registered agent and/or the new registered office	egistered office address on our r address here:	ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address)		
_		, Florida	
	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Regis  I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agree to act in this capaci r and complete performance of my d agent as provided for in Chapte tered office address, I hereby conj	v duties, and I am familiar with and r 608, F.S. Or, if this document is	
	(If Changing Registered Agent, Si	gnature 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 = Ma	anager		
MGRM =	Managing Member		
<u>Title</u>	Correct: MONTGOHERY	Address	Type of Action
Title	<del></del>	Audites	1700 01 11011011
MODM	Constant Constant		- dearrect
MGRM	Montomery, Marci	5511 Baybrook Ave.	Add To Correct Spelling
	This is misspelled!	Orlando, FL 32819	Remove
	MG 13 MISSPERCE.		<del></del>
MODM	Pokosh John	0400 D Blood	<b>✓</b> Add
<u>MGRM</u>	Bokash, J <u>ohn</u>	8409 Banyan Blvd. Orlando, FL 32819	Add Remove
		OTIATIOO, 1 E J2013	
	FIRST NAME LAST NAME		
MGRM	JOHN MONTGOMERY	5511 Baybrook Ave.	Add
	30111 T	Orlando FL 32819	Remove
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D Ifamer	nding any other information, enter change	s) here: (Attach additional sheets, if necessa	esz )
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M	arch 15 , 20	10	
Dated /	arch 15 1, 20	<u>10</u> .	
	( Sapral		
	Xxpttia		<del></del>
•	/ Signature of a member o	r authorized representative of a member	
	Cynthia Bokash, MGRM		
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00