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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration of	on Section Corporations	region of the second of the s		
SUBJECT!	BOUDREAUX	MANAGEMENT, LLC		
SUBJECT.		ited Liability Company		
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all cor	respondence concerning this matter	r to the following:		
		KYLE S LOEFFLER Name of Person		
	BOUDR	EAUX MANAGEMENT, LLC		
		Firm/Company		
P.O. BOX 21153 Address				
	BRADENTON, FL 34204			
	cn	City/State and Zip Code		
For further informat	E-mail address: (to be used for future annual report notification	n)	
	Kyle S Loeffler	at (941) 524	-4197	
Ne	ame of Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a check	for the following amount:			
[∕] \$25,00 Filing Fe	e \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Re Di P.	AILING ADDRESS: egistration Section evision of Corporations O. Box 6327 ellahassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center	is	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOUDREAUX MANAGEMENT, LLC

FILED

2011 APR 14 PM 18: 47

SECRETARY OF STATE

(Name of the Limite	I Liability Compa	NAGENIENI,	TAL	AHASSEF. FIORIDA	
(Name of the Ename	A Florida Limited L	iability Company)	is on our records.	LAHASSEE FEORIDA	
The Articles of Organization for this Limited L. Florida document number L1000001	Liability Company				
This amendment is submitted to amend the following	lowing:				
A. If amending name, <u>enter the new name c</u>	of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end wi'L.L.C."	ith the words "Limi	ted Liability Compa	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applic	cable:	6852 Whitma	n Ct		
(Principal office address MUST BE A STREET ADDRESS)		Sarasota, Fl	34243		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and registered agent and/or the new registered o	•		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Diego Bertra	an	·		
New Registered Office Address: 250 W Park Dr Unit 103					
	Enter Florida street address				
		Miami	, Florida	33172	
		City		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.

MChanging 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	KYLE S LOEFFLER	6852Whitman Ct Sarasota, Fl 34243	Add Remove
MGMR	DREW LOEFFLER	7282 55th Ave E PMB 195 Bradenton, Fl 34203	Add Remove
MGMR	DIEGO BERTRAN TTEE	250 W Park Drive, Unit 103 Miami, Fl 33172	Add Remove
			Add Remove
,, .			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	ary.)
			ZOLL AS
Dated	April 7th , 20	O10 Colomo TTFF	CRETARY OF STATE
	Signature of a member	r or authorized representative of a member	

Diego Bertran, as Trustee of The Diego Bertran Realty Trust u/t/d March 3, 2010

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00