L10000040778

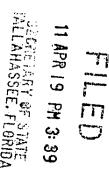
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D. BRUCE

APR 20 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2011

EUGENE PAYSON 1650 HONORE AVE SARASOTA, FL 34232

SUBJECT: BOOST YOUR MOJO, LLC

Ref. Number: L10000040778

We have received your document for BOOST YOUR MOJO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 711A00008690

11 APR 19 PH 3: 89

TO:

TO: Registration Section Division of Corpor			
SUBJECT: Bo	Name of Limited Hability Company		
	Name of Limited Liability Company		
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.		
Please return all corresponder	ence concerning this matter to the following:		
_	Eugene Payson		
	(taing of 1 ordon		
_	Boost Your Majo, LLC		
	1650 Honore Aue		
_	Address		
	Sarasota, Fl 34237 City/State and Zip Code President © troy built models, com E-mail address: (to be used for future annual report notification)		
	City/State and Zip Code		Mary Mary
<i>.</i> —	E-mail address: (to be used for future annual report notification)		Walterson .
For further information conce	erning this matter, please call:	ω 30 1,5 €	1
Fuceno	Payson 242 212 8185 5		
Name of Per	rson at (797) 342 0685 \Rightarrow	<u>}</u> & &	
		,	
Enclosed is a check for the fo	ollowing amount:		
I already se	City/State and Zip Code President & troy built models, com E-mail address: (to be used for lature annual report notification) erning this matter, please call: Payson at (941) 342 8685 Area Code & Daytime Telephone Number of Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	g Fee, of Status & lopy copy is enclo	
Registratior Division of P.O. Box 6:	Corporations Division of Corporations		

ARTICLES OF AMENDMENT TO ' ARTICLES OF ORGANIZATION OF

Boost Your	Mojo LLC ility Company as it now appears or da Limited Liability Company)	·	
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears or da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabili Florida document number	ly Company were filed on	, /	
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company here:		
Ilopango Expo, L The new name must be distinguishable and end with the	LC.		
The new name must be definguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AL	ODRESS)	20 7	
		50	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	22 w	
	A 100 market	5 1 1 1 1 1 1 1 1 1 1	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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.

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 =	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			Add				
			Remove				
			Add				
			Remove				
			Add				
			——————————————————————————————————————				
			Add Remove				
			Add Remove				
							
			Add Remove				
D. If amer	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa					
_							
_			PR I				
_			A A A A A A A A A A A A A A A A A A A				
 Dated	4/15/2011		TENNIE AS				
Dated	Trusting	1 8 . 80	» · · · ·				
	Signature of a member	tr or authorized representative of a member	<u> </u>				
	Logene A Typed	for printed name of signee					

Page 2 of 2

Filing Fee: \$25.00