

L10000047290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500183105785

07/19/10--01065--009 **50.00

FILED
2010 JUL 19 PM 05:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 20 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fenway ADVISORS 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:

William Rodriguez
Name of Person

Fenway ADVISORS LLC
Firm/Company

6000 Metrowest Blvd Suite 205
Address

Orlando FL 32835
City/State and Zip Code

WSPR BUILDINGS INC @ MAC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Rodriguez at (407) 296-5972
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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**

FILED

2010 JUL 19 PM 10 53

Ferway ADVISORS LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/3/10 and assigned
Florida document number L10600047290.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6000 MetroWest Blvd
Suite 205
Orlando FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 3188
Orlando FL 32802

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BOSTONIAN HOLDINGS LP	4604 VICTORIA GARDENS North LAS VEGAS NV 89031	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	William Rodriguez	6000 metro west Blvd Suite 205 Orlando FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 7/16, 2010



Signature of a member or authorized representative of a member

William Rodriguez

Typed or printed name of signee

2010 JUL 19 PM 5:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED