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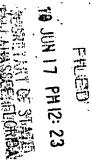
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N. Gastigani JUN 18 2010

## COVER LETTER

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:  JAHMAL BOYKIN  Name of Person  Firm/Company  17531 NW 12 AVE  Address  MIAMI, FL 33169  City/State and Zip Code  JRBOYKIN@COMCAST.NET  E-mail address: (to be used for future annual report notification)  For-further information concerning this matter, please call:  JAHMAL BOYKIN  Name of Person  at (786) 586-9386  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  State of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  Registration Section Division of Corporations  STREET/COURIER ADDRESS:  Registration Section Division of Corporations			BOYKA LLC.	•	
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MIAMI, FL 33169  City/State and Zip Code  JRBOYKIN@COMCAST.NET  E-mail address: (to be used for future annual report notification)  For-further information concerning this matter, please call:  JAHMAL BOYKIN  at (786) 586-9386  Name of Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status Certified Copy: (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  STREET/COURIER ADDRESS: Registration Section Division of Corporations	بران	<u> </u>		VE	<del>-</del> 1
Section   City/State and Zip Code   JRBOYKIN@COMCAST.NET	•		Address	•	
JRBOYKIN@COMCAST.NET					<b></b>
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JAHMAL BOYKIN  at (786) 586-9386  Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  Status Certificate of Status  Certificate of Status  Certificate of Status Certified Copy  (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations		<del>, , , , , , , , , , , , , , , , , , , </del>	City/State and Zip Co	ode	
JAHMAL BOYKIN  JAHMAL BOYKIN  Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  Street Certificate of Status  Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations  At ( 786 ) 586-9386  Area Code & Daytime Telephone Number  Street Code & Daytime Telephone Number  Street Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  Street Code & Daytime	•		JRBOYKIN@COMCA	AST.NET	
Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  **MAILING ADDRESS:**  Registration Section  Division of Corporations  Area Code & Daytime Telephone Number  \$60.00 Filing Fee,  Certificate of Status &  Certified Copy  (additional copy is enclosed)  **STREET/COURIER ADDRESS:**  Registration Section  Division of Corporations	≃For-further info	ination concerning this ma	tter, please call:		Particular Section
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\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  S55.00 Filing Fee Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations		Name of Person	Area	Code & Daytime Telephone Numb	
Certificate of Status  Certified Copy Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations	Enclosed is a ch	eck for the following amou	int:	•	
Registration Section Registration Section Division of Corporations Division of Corporations	\$25.00 Filing	g Fee \$30.00 Filing Certificate	of Status Certified Cop	opy is enclosed) Certific	cate of Status & ed Copy
		Registration Section	Regi	stration Section	
Tallahassee, FL-32314 - 2661 Executive Center Circle		P.O. Box 6327	Clift	on Building	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FTLED: 18 JUN 17 PM 12: 23

BOYKA	LLC.	TAY A	14.19
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)	TO THE DESIGNATION OF THE PERSON OF THE PERS
	-		
The Articles of Organization for this Limited Liability Company	were filed on	05/12/2010	and assigned
Florida document numberL10000051586			
		•	
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liabil	lity company he	<u>re</u> : ;	
	,		
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Comp	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:	,		•
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		1 . •	
(Mailing address MAY BE A POST OFFICE BOX)	- 4 - 4		
1174 HING WHITESS 11711 1122 11 10 11 11 11 11 11 11 11 11 11 11 11	-:	-	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		our records, enter t	he name of the ne
Name of New Registered Agent:		ļ	
New Registered Office Address:	Enter Florida street address		
	. Florida		
**************************************	City	, 1 101 1344	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	Name .		Address	į	Type of Action
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