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| PICK-UP WAIT MAIL.                      |
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SECRETARY OF STATE
ALL ARASSEC, FLORIS

## **COVER LETTER**

| Division of Corporations  |                                 |  |  |
|---|---------------------------------|--|--|
| SUBJECT:  | JOHN BOISVE                     |  |  |
|   | Name of Limited I               | Liability Company  |  |
|   |                                 |  |  |
|   |                                 |  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |                                 |  |  |
| Please return all corresponden  | ce concerning this matter to th | ne following:  |  |
|   |                                 |  |  |
|   | _Sohn                           | BoiSVERT   |  |
|   |                                 | Name of Person   |  |
|   | SOHN                            | Baisvert LL  |  |
|   |                                 | Firm/Company   |  |
|   | 6227                            | THUNDER Lr   | _  |
|   |                                 | Address  |  |
|   | Milt                            | on FL 325  | 70   |
| _   | Ci                              | ity/State and Zip Code                                     | ····   |
| <u></u>   |                                 | BOISVERT C: HOW used for future annual report notification |  |
|   | E-man address: (to be           | used for future annual report notification                 | n)   |
| For further information concer  | ming this matter, please call:  |  |  |
| John Boi  | SVERT                           | at (850) LOQUO-2   | 2925   |
| Name of Pers  | on                              | Area Code & Daytime Tel                                    | ephone Number  |
|   |                                 |  |  |
| Enclosed is a check for the fol   | llowing amount:                 |  |  |
| \$25.00 Filing Fee  | 1\$30.00 Filing Fee &           | □\$55.00 Filing Fee &                                      | □\$60.00 Filing Fee,   |
| <i>I</i> *  | Certificate of Status           | Certified Copy<br>(additional copy is enclosed)            | Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

FL of State

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

| John BoisvE  | RT LIC   |   |
|--|--|---|
|  | y Company as it now appears on c<br>Limited Liability Company) | our records.)   |
| The Articles of Organization for this Limited Liability C  | sompany were mod on  | $\Delta 2 - 2 \Delta 1 \Delta$ and assigned                                   |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the lim   | nited liability company here:                                  |   |
| The new name must be distinguishable and end with the wo "L.L.C."                                | ords "Limited Liability Company," t                            | he designation "LLC" or the abbreviation                                      |
| Enter new principal offices address, if applicable:  | A many acts a real processing growth                           |   |
| (Principal office address MUST BE A STREET ADD   | RESS)  | 1 v   |
|  | A  | 7-47  |
| Enter new mailing address, if applicable:  |  | ₩<br>%%<br>200<br>800<br>800<br>800<br>800<br>800<br>800<br>800<br>800<br>800 |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |
|  |  | C + 1   |
|  |  | <u> </u>  |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | stered office address on our r                                 | ecords, enter the name of the new   |
| registered agent and/or the new registered office add  | ures nere.   |   |
| Name of New Registered Agent:  |  |   |
| New Registered Office Address:   |  |   |
|  | Enter F  | lorida 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>       | Address          | Type of Action |
|--------------|-------------------|------------------|----------------|
| Mar          | ROBERT R BAISVERT | 6822 THUNDER LA  | Add            |
|              |                   | MILTON FL 3257C  | Remove         |
| MUR          | Lisa Buchanan     | Lo822 ThunoER Ln |                |
|              |                   | MILTON EL 32570  | Remove         |
| <del></del>  |                   |                  | Add            |
|              |                   |                  | Remove         |
|              |                   |                  | Add            |
|              |                   |                  | Remove         |
|              |                   |                  | Add            |
|              |                   |                  | Remove         |
|              |                   |                  | Add            |
|              |                   |                  | Remove         |

| D. If am | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|--|
|          | I JOHN ROBERT BOISVERT WOULD LIKE  |
|          | TO ADD ROBERT R Balsvert AS Mar  |
|          | To MY LIC. ALSO Lisa Buchanan  |
|          | as a mar   |
|          |  |
| Dated    | SAN 210-2013,  |
|          | IIR V° A   |
|          | Signature of a member or authorized representative of a member                                 |
|          | Typed or printed name of signee  |
|          | Page 3 of 3  |
|          | Filing Fee: \$25.00  |