

L10000100303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

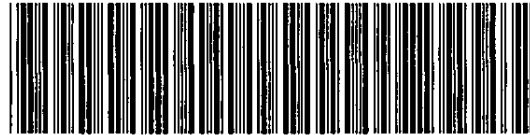
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE
JUN 21 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOCA FOAM AND PRECAST 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:

DAWN BUCHANAN

Name of Person

BOCA FOAM AND PRECAST LLC

Firm/Company

102 NE 2 STREET, 279

Address

BOCA RATON FLORIDA 33432

City/State and Zip Code

DAWN_33304@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWN BUCHANAN

Name of Person

at (954)

298-6722

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BOCA FOAM AND PRECAST LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPT 24 2010 and assigned Florida document number L10000100303.

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)

102 NE 2 STREET, 279

BOCA RATON FLORIDA 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

102 NE 2 STREET, 279

BOCA RATON FLORIDA 33432

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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:

DAWN BUCHANAN

New Registered Office Address:

102 NE 2 STREET, 279

Enter Florida street address

BOCA RATON

City

, Florida

33432

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

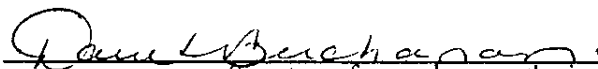
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GARY PALMIERI	428 NW 35 STREET, 3 BOCA RATON FLORIDA 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DAWN BUCHANAN	102 NE 2 STREET, 279 BOCA RATON FLORIDA 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE FLORIDA

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

Dated _____, _____.



Signature of a member or authorized representative of a member

DAWN BUCHANAN

Typed or printed name of signee