## 11000023191

(Requestor's Name)					
(	Address)				
. (	(Address)				
	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(	Business Entity Name)				
(Document Number)					
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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

## **COVER LETTER**

TO:

TO:	Registration S Division of Co					
SUBJECT: Boyer Premium Home Finishes LLC						
			ted Liability Company			
The enc	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please r	return all corresp	oondence concerning this matter	to the following:			
			Jacob A Boyer			
			Name of Person			
Boye		Boyer	Premium Home Finishes			
			Firm/Company			
			34 Piedmont Drive			
			Address			
Bolm Coast El 22464						
F			City/State and Zip Code			
		boyerl	nomefinishes@gmail.com			
E C			to be used for future annual report notif	ication)		
ror iun	ner information	concerning this matter, please c	all:			
		acob A Boyer	at (_401_)	206-1666		
	Name	of Person	Area Code & Daytim	e Telephone Number		
Enclose	d is a check for	the following amount:				
<b>₹</b> 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)		
	Regis Divisi P.O. I	tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boyer Premium Home Finishes LLC								
( <u>Name of the Limited</u> ) (A	iability Company as it now app Florida Limited Liability Compan	ears on our records.)						
The Articles of Organization for this Limited Lia Florida document numberL11000023	bility Company were filed on _		1 and a	ssigned				
This amendment is submitted to amend the follow	wing:							
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :						
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	mpany," the designation	LLC" or the	abbreviation				
Enter new principal offices address, if applica	ble:							
(Principal office address MUST BE A STREET	ADDRESS)							
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>							
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:	Jacob Albro Boyer		12 TALL					
New Registered Office Address:	34 Piedmont Drive	Enter Florida street aa	Haress 2	Turking tone				
	Palm Coast	, Florida _	323	*******				
New Registered Agent's Signature, if changing Re	City egistered Agent:		Zip Go:					

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. Thereby confirm that the limited liability company has been notified in writing of this change.

7 7 7 7

gent, Signature of New Registered Agent

Page 1 of 2

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:

, i

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Christopher Shane Boyer MGRM 34 Piedmont Drive ✓ Add Palm Coast, FL 32164 Remove ☐ Add Remove ☐ Add Remove ∏ Add Remove \_\_\_Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 14 2012 Dated \_\_\_\_ Signature of a member of authorized representative of a member Jacob Albro Boyer Typed or printed name of signee

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Filing Fee: \$25.00