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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration Sec Division of Corp		<b>₹</b> - p	
SUBJE	ССТ:	Name of Limi	ca Stel Lated Liability Company	<u>LC</u>
The en	closed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
1			Roberta tank	gn
			Firm/Company	
			CO E Linto	n B/W, Ste 116B
		Defi -lent E-mail åddress: (1	City/State and Zip Code  City/State and Zip Code  Code	H/ 33483 otmail.com
For fur	ther information co	ncerning this matter, please ca		
	Robe Name of	esta taplan Person	at (S6/) 92 Area Code Day	16-011 2 rtime Telephone Number
Enclose	ed is a check for the	e following amount:		
<b>E</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, 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

Bocq	Stel LLC
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L/100003474</u>	npany were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 E Linter Blud
(Principal office address MUST BE A STREET ADDRES	SSS Ste 116B
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	100 E Liston Blud Ste 116B Delray Beach Fli 33483
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new shere:
Name of New Registered Agent:	a fit of the property
New Registered Office Address: 100	Enter Florida street address
_ <i>Q</i> e	May Beach, Florida 33483

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

Aanager Authorized Member		
<u>Name</u>	Address	Type of Action
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		□ Add
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	Authorized Member	Authorized Member

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ne effective date must be	ter than the date of filing: (optional) te specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a filed by the Florida Department of State)
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he effective date must be	e specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

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SECRETARY OF STATE

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