<u>L11000043364</u>

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COVER LETTER

TO: Registration S Division of Co	Section Proprations	•	į	*	è	Ą	*
SUBJECT:	Bogert (Consulting LLC					
		ted Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	condence concerning this matter	to the following:					
	D	orothea Taylor Boger	t	·····	<u> </u>		
		Name of Person					
	В	ogert Properties LLC			_		
		Firm/Company					
	129 Newbern Cir.						
		Address			_		
	A	Auburndale, FL 33823					
		City/State and Zip Code					
	Boge	rtProperties@gmail.c	om				
	E-mail address: (to be used for future annual rep	ort notificatio	n)			
For further information	concerning this matter, please of	all:					
Doroti	nea Taylor Bogert	at (863)	967	'- 0096		_	
Name of Person Area Code & Daytime Telephone Numl			er				
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 e	nclosed)	Certifie	iling Fee cate of Si ed Copy onal copy	tatus &	
MAI	LING ADDRESS:	STREET/0	COURIER A	ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Bogert Cons	sulting LLC		
(Name of the Limited	l Liability Compar A Florida Limited L	<u>ny as it now appea</u> Liability Company)	irs on our records.)	
The Articles of Organization for this Limited L Florida document numberL1100004		were filed on	April 12, 2011	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company he	<u>re</u> :	
	Bogert Prope			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applie	cable:	129 Newberr	n Cir.	
(Principal office address MUST BE A STREI	Auburndale,	FL 33823		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/ registered agent and/or the new registered o	or registered of		SETARY OF STATE enter	
Name of New Registered Agent: New Registered Office Address:	Dorothea Ta	aylor Bogert m Cir.		· · · · · · · · · · · · · · · · · · ·
Alexander of the Francisco.			nter Florida street addr	ress
	A	uburndale	, Florida	33823
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mai MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Pamaya
			<u> </u>
			Demous
			Add Remove
			=
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if n	ecessary.)
			· · · · · · · · · · · · · · · · · · ·
_			27 A
Dated	April 2,	2016 .	APR -4 F
	_	Dorothea Taylor Bogert Typed or printed name of signee	STATE STATE

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Filing Fee: \$25.00