#11000053350

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Ellin Office				
Special Instructions to Filing Officer:				
·				
·				

Office Use Only



800230980908

04/25/12--01024--002 **30.00

PILEUT 3: 09
2 APR 25 PM 3: 09
EURE ARE OF STATE

K.SALY EXAMINER APR 26 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Boom Boom 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:
Shawi Harriott Name of Person
Boom Boom LLC Firm/Company
21229 PLESERVATION DR. Address
City/State and Zip Code Shawiharriott sog mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shaw's HARRIOH at (813.731.8914) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of St

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 ARTICLES OF ORGANIZATION

FILED 9

	OF		12	APR 25 PM 3: 0
Boom Boo (Name of the Limited Liab (A Flori	m LL C ility Company ida Limited Lia	as it now appears or bility Company)	غدر <u>المال</u> (our records	METARY OF STATE AMASSEE, FLORIDA
The Articles of Organization for this Limited Liabilit	ly Company w	vere filed on $5 M$	AY 2011	and assigned
Florida document number LII POP 95 335			,	
This amendment is submitted to amend the following	3:			
A. If amending name, enter the new name of the	<u>limited liabili</u>	ity company here:		
NA				
The new name must be distinguishable and end with the "L.L.C."				
Enter new principal offices address, if applicable:		21229	Paeser VA	tion Dr.
(Principal office address MUST BE A STREET AD	DRESS)	21229 [LAND D L	ikes, FL	34638
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Σ	21229 F LAND O	LESERVALI LAKES, FL	on Dr. 34638
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ce address on our	records, enter th	e name of the new
Name of New Registered Agent:	<u>Sh</u>	AVI HARRIC	>44	
New Registered Office Address:	212	29 Prese	evation T	Σ_{α} ,
		Tarrer x	tor face all cer datas	CDD
	GNA	O lakes	, Florida	34638
		City		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:			
I have been a sout that are sinterest as manistered and	out and acres	. 4 4 ! 4 !!	iti. I Guthau am	as to somethingith

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
MGRM	Martin 1 Robinson	7812 Citeus Blossom Da. Land O Lates, FL 34637	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	ing any other information, enter change ARTIN J ROWINSON IS	(s) here: (Attach additional sheets, if necessary.) DELUGREMOVED AND	
	liminated from ANY R	epresentation for and	
_0	f Boom Boom LLC et	Sective this date.	
			
Dated	s April , zon	<u>z</u> (
-		r authorized representative of a member	<u></u>
	Shawi Hara	2101+ or printed name of signee	
	1 y pcu o	a processor substitute of programme	

Page 2 of 2

Filing Fee: \$25.00