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(R	equestor's Name)	·····
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PICK-UP	WAIT I	MAIL
(Br	usiness Entity Name)	
	•	
(D	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	A. LUN	T
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COVER LETTER

	stration Se sion of Cor					
SUBJECT: _		BOSI-GENT	TILE GROUP, LLC.			
		Name of Lim	Name of Limited Liability Company			
The enclosed	Articles of .	Amendment and fee(s) are sul	omitted for filing.			
Please return a	all correspo	ndence concerning this matter	to the following:			
			PETER MAKRIS		2011 SEP 14 PH SE 26	
			Name of Person			
	PETER MAKRIS CPA Pirm/Company		SEP 14 PM			
			Firm/Company			
2			2110 DREW STREET Address			
		CL	EARWATER, FL 3376 City/State and Zip Code	5	_	
		PETER	MAKRISCPA@GMAIL. to be used for future annual repor	.COM		
For further int	formation co	E-mail address: (oncerning this matter, please of		rt notification)	•	
PETER MAKRIS CPA Name of Person		at (<u>727</u>) Area Code & [446-0000 Daytime Telephone Numb	ner		
Enclosed is a	check for th	e following amount:				
∭\$25.00 Fili	ing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en-	closed) Certific	filing Fee, cate of Status & ed Copy onal copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of C Clifton Build	Corporations ling ive Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOS	I-GENTILE	GROUP, LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	<u>ny as it now appears</u> Liability Company)	s on our records.)		
The Articles of Organization for this Limited Li Florida document numberL11000060		were filed on	05/24/2011	and assigned	
This amendment is submitted to amend the follo	owing:	·			
A. If amending name, enter the new name of	the limited liab	ility company here	:	72 9 11	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Compan	y," the designation "	LECTION (SEGABBREVIAIN)	
Enter new principal offices address, if applica	able:			Parents and Parent	
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>			-17 22	
				97 98 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
Enter new mailing address, if applicable:	1101 SEMINOLE STREET				
Mailing address MAY BE A POST OFFICE I	CLEARWATER, FL 33755				
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered of fice address her	fice address on ou e:	ır records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	<u>LEONARD</u>	BOSI SR			
New Registered Office Address:	1101 SEMI	NOLE ST			
		Ente	er Florida street add	dress	
C		EARWATER, Florid		33755	
		City		Zip Code	
. D. 1					

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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> **Type of Action** <u>Address</u> MGRM ANDREW GENTILE 1214 DAVIS RD ☐ Add ✓ Remove DUNEDIN, FL 34698_ □Add Remove □ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 8, 2011. Signature of a member or authorized representative of a member LEONARD BOSI 58.
Typed or printed name of signee

- If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00