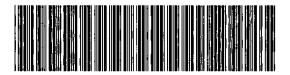
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MI OCT -3 PM 1: 26
SECRETARY OF STATE

OCT 4 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations			
SUBJECT:	BOMA	AR 2001, LLC		
someer.		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Ric	chard T. Davis, Esquire		
	Name of Person  Law Offices of Richard T. Davis, P.A.			
	Firm/Company			
2401 PGA Boulevard, Su				
		Address		
	Palm	Beach Gardens, FL 33410		
City/State and Zip Code				
	E-mail address: (	kaplan729@aol.com to be used for future annual report notifica	ion)	
For further information	concerning this matter, please of			
	I T. Davis, Esquire	#(	23-5315	
Name (	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for t	the following amount:			
\$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)	
BEATL	INC ADDRESS.	CTDEET/COUDIE	A DDDESS.	

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**

FILED

2011 OCT -3 PM 1: 26

			cro	DETABY DE CTATE	
(Name of the Limited	BOMAR 20	001, LLC	SEC TALL	RETARY OF STATE <del>AHASS</del> EE.FLORIDA	
(A	Florida Limited L	iability Company)	on our records.	AHASSEE, FLORIDA	
The Articles of Organization for this Limited Lia	ability Company	were filed on	09/09/2011	and assigned	
Florida document number L11000103	446				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	2:		
The new name must be distinguishable and end with "L.L.C."	n the words "Limi	ted Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		2333 Tecums	eh Drive		
(Principal office address MUST BE A STREE	TADDRESS)	West Palm Be	each, FL 33409	•	
Enter new mailing address, if applicable:		2333 Tecumseh Drive			
(Mailing address MAY BE A POST OFFICE BOX)		West Palm Beach, FL 33409			
B. If amending the registered agent and/or the new registered of	er registered of fice address her	fice address on o <u>e</u> :	ur records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Richard W. Kaplan				
New Registered Office Address:	2333 Tecu	mseh Drive			
TOWN HOSTING		Eni	er Florida street addi	ress	
	Wes	t Palm Beach	, Florida	33409	
	•	City	7	Zip Code	
New Registered Agent's Signature, if changing R	egistered 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>MGRM</u>	Norman Thomas	105 Narcissus Street Suite 600 West Palm Beach, FL 33401	☐ Add ☐ Remove
<u>MGRM</u>	Richard W. Kaplan	2333 Tecumseh Drive West Palm Beach, FL 33401	✓ Add ☐ Remove
MGRM	Susan E. Kaplan	2333 Tecumseh Drive West Palm Beac, FL 33401	✓ Add  Remove
			Add Remove
		AddRemove	
			Add Remove
D. If amend	ding any other information, ent	er change(s) here: (Attach additional sheets, if necess	ary.)
- 			2011 OCT -3 SECRETARY TAULLAHASSI
Dated	September 30	, <u>2011</u> .	FM 1: 26 FF STATE BE, FLORID
	Signature of	a member or authorized representative of a member  T. Davis, attorney for Norman Thomas  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00