

10/26/2012

5:54 p

TO: +1 (850) 6176383 FROM: 9545102072

Page: 1

10/26/12

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L11000120414

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000258687 3)))



H120002586873ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GFB TAX SERVICE LLC
Account Number : I20120000047
Phone : (754) 246-6160
Fax Number : (954) 510-2072

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
12 OCT 26 AM 6:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
B.A. BOSTON LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 OCT 26 PM 2:38

FILED

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

G. MCLEOD

OCT 29 2012

EXAMINER

H12000258687 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B.A. BOSTON 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:

GASTON BELEN
Name of Person
GFB TAX SERVICE LLC
Firm/Company
5210 SW 201st TERRACE
Address
SOUTHWEST RANCHES, FL 33332
City/State and Zip Code
GASTONBELEN@GFBTAXSERVICE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN at (**754**) **246-6160**
Name of Person Area Code & Daytime Telephone Number

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 enclosed)
- \$60.00 Filing Fee, 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

H12000258687 3

H12000258687 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

B.A. BOSTON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/21/2011 and assigned Florida document number L11000120414.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED
12 OCT 26 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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

H12000258687 3

H12000258687 3


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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MAGIC ROAD INC	Vanterpool Plaza , Second floor Wickhams Cay I , Road Town , Tortola BVI	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Iriano Marketing Ltd	Trident Chambers 146 Road Town Tortola BVI	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MONKOWSKI, ALBERTO	5210 SW 201ST TERRACE SOUTHWEST RANCHES FL 33332 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BRAUNSTEIN, ADOLFO D	5210 SW 201ST TERRACE SOUTHWEST RANCHES FL 33332 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCT 26ST, 2012



 Signature of a member or authorized representative of a member
GASTON BELEN

 Typed or printed name of signee

H12000258687 3