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DIVISION OF CORPORATIONS
12 JUL 16 PM 2:30

JUL 17 2012

T. HAMPTON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOCILLA INVESTMENTS, 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:

BRYAN J. STANLEY, ESQ.
Name of Person
BRYAN J. STANLEY, P.A.
Firm/Company
209 Turner Street
Address
Clearwater, FL 33756
City/State and Zip Code
bryan@bryanjstanley.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan J. Stanley, Esq. at (727) 461-1702
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUL 16 PM 2:30

BOCILLA INVESTMENTS, 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 2/13/12 and assigned
Florida document number 412000021269.

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)

14210 Carol Manor Drive

Largo, FL 33774

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14210 Carol Manor Drive

Largo, FL 33774

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:

STEVEN A. PIAZZA

New Registered Office Address:

14210 Carol Manor Drive

Enter Florida street address

Largo

City

, Florida 33774

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.

Signature of New Registered Agent

STEVEN A. PIAZZA

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:

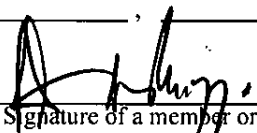
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SCOTT S. CLARK	8432 Harbor Hill Drive Safety Harbor, FL 34695	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	STEVEN A. PIAZZA	14210 Carol Manor Drive Largo, FL 33774	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)

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Dated _____



Signature of a member or authorized representative of a member
STEVEN A. PIAZZA

Typed or printed name of signee