

#L12000086728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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CORRECTION PER CONVERSATION
WITH CAMELOT DESIR 11-7-2012
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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOYER INVESTMENT, 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:

CAMELOT M. DESIR

Name of Person

BOYER INVESTMENT, LLC

Firm/Company

230 174th STREET # 620

Address

SUNNY ISLES, FL 33160

City/State and Zip Code

KETTLIE565@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERARD DUPONT

Name of Person

at **954 517-9681**

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
12 NOV -5 PM 2: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BOYER INVESTMENT, 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 7/02/2012 and assigned
Florida document number L12000086728.

This amendment is submitted to amend the following:

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

N/A

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)

230 174th STREET # 620
SUNNY ISLES, FL 33160

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

230 174th STREET # 620
SUNNY ISLES, FL 33160

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: CAMELOT M. DESIR

New Registered Office Address: 230 174th STREET # 620
Enter Florida street address

SUNNY ISLES, Florida 33160
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

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	CAMELOT M. DESIR	230 174th STREET #620	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL33160	<input type="checkbox"/> Remove
PRES + SEC	GERARD DUPONT	18205 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 2205	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL 33160	<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.)

Dated 11-02-2012

Camelot M. Desir

Signature of a member or authorized representative of a member

CAMELOT M. DESIR

Typed or printed name of signee

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Filing Fee: \$25.00