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D. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Boos-Taft, 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, Florida 3375	The state of the s
City/State and Zip Code	AND A
bryan@bryanjstanley.com	
E-mail address: (to be used for future annual re	[ The state of the
For further information concerning this matter, please call:	
Bryan J. Stanley, Esq. 727, 46	1-1702
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

Boos-Taft, LLC					
(Name of the Limited Liability (A Florida I	Company as it now appears on o Limited Liability Company)	ur records.)			
The Articles of Organization for this Limited Liability C	Company were filed on August	, 22, 2012	and assigned		
Florida document number L12000108264	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company here:				
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," th	ne designation "LLC	" or the abbreviation		
Enter new principal offices address, if applicable:		<u> </u>	2		
(Principal office address MUST BE A STREET ADDR	RESS)	<u>्र</u> स्ट्र			
	_	ASSE	5 07 1		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		ecords, <u>enter the</u>	name of the nev		
Name of New Registered Agent:		***************************************	<del></del>		
New Registered Office Address:	P . D	. 7 7 7			
	Enter Flo	orida street address	S		
	C:t.	, Florida	7:- C- J-		
	City	4	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, <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

Title MGRM	Name Boos, Robert	Address 2651 McCormick Drive Clearwater, FL 33759	Add Remove
MGRM	Boos Development West, LLC	2651 McCormick Drive Clearwater, FL 33759	Add Aemove
			_ Add Remove
		A C C A C A C A C A C A C A C A C A C A	Add Remove
		ASSEPTLORION	Add 1
			Add Remove

D. If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
·	
Dated August 15	2013
Dryans.	Mula
Signature of a	member or authorized representative of a member
Bryan J./Stanley, Esq.	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

