

L12000108895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

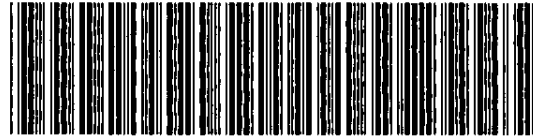
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 MAR 15 PM 12:36
TALLAHASSEE, FLORIDA

B. BOSTICK
MAR 18 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOSON FLORIDA 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:

AMERUDDIN SIDDIQUI
Name of Person

BOSON FLORIDA LLC
Firm/Company

40 RICHARDS AVE, 3RD FLR
Address

NORWALK, CT 06854
City/State and Zip Code

ASIDDIQUI@RSM&MT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMERUDDIN SIDDIQUI at (203) 584 9477 X
Name of Person Area Code & Daytime Telephone Number

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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

BOSON FLORIDA 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 11/21/2012 and assigned Florida document number L12000108895.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

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:

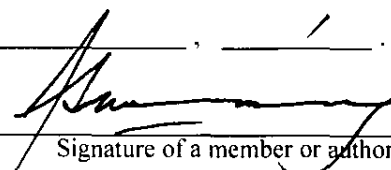
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MANAGING MEMBER	BOSON I LLC	40 RICHARDS AVE, 3 RD FLR NORWALK, CT 06854	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MANAGING MEMBER	ETA CAPITAL LLC	19 BAILIWICK ROAD GREENWICH, CT 06831	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MANAGING MEMBER			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 13 JAN 13 PM 12:37

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

Dated 3/14/13



Signature of a member or authorized representative of a member

AMERUDDIN SIDDIQUI

Typed or printed name of signee

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Filing Fee: \$25.00

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