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J. SAULSBERRY EXAMINER

OCT 8 2012

COVER LETTER

TO:	Registration, Se Division of Cor				
SUBJ	SUBJECT: BOE V, LLC				
		Name of Limit	ed Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		J	ames M. DuRant, Jr.		
	Name of Person				
	Boyd, DuRant & Sliger, P.L.				
	Firm/Company				
	1407 Piedmont Drive East			. d. e	
	Address				
	Tallahassee, Florida 32308			ZHIZ OCT -5 SECRETAR: TALLAHASS	
	City/State and Zip Code JD@boydlaw.net			<u></u>	
		E-mail address: (1			
For fu	orther information of	concerning this matter, please c	·	,	& 03
	А	lana Romig	_ at (_ 850_)	386-2171	
	Name o	of Person		Daytime Telephone N	Number
Enclo	sed is a check for t	he following amount:			
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{S55.00 Filing Fee & Certified Copy (additional copy is e} \)			Cer nclosed) Ce	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)	
	MAIL	ING ADDRESS:	STREET/0	COURIER ADDRE	ESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ВО	EV, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on on ited Liability Company)	<u>ur records.</u>)
The Articles of Organization for this Limited Liability Com	npany were filed on Septer	nber 21, 2012 and assigned
Florida document number September 21, 2012		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
	DEV, LLC	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the	
Enter new principal offices address, if applicable:		2912 - SEG TALL
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	ARE CI
		SSE VI
Enter new mailing address, if applicable:		T S A
(Mailing address MAY BE A POST OFFICE BOX)		103 103
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	F. C.	
	Enter Fl	orida street address
	City	, Florida Zip Code
	City	Lip Coue

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 Type of Action Address <u>Title</u> <u>Name</u> ☐ Add Remove □ Add Remove Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 4 2012 Dated _____ Signature of a member or authorized representative of a member James M. DuRant, Jr. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00