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COVER LETTER

TO:

Registration Section
Division of Corporations

CIUD III CIE

Boolu 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:

Marquettia Robinson

Name of Person

Boolu LLC.

Firm/Company

2901 N Dale Mabry Hwy. Apt: 1913

Address

Tampa, FL 33607

City/State and Zip Code

marquettiar@yahoo.com

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

For further information concerning this matter, please call:

Marquettia Robinson

,,407 **,496-990**0

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

Boolu LLC.		
(Name of the Limited Lia	bility Company as it now appears on our recor orida Limited Liability Company)	<u>'ds.</u>)
(A Fic	orida Limited Liability Company)	÷ π π π π π π π π π π π π π π π π π π π
The Articles of Organization for this Limited Liabi	lity Company were filed on Feb. 11, 201	3 and assigned
Florida document number L13000021927		To the second
Florida document number	······································	(1)
This amendment is submitted to amend the following	ng:	
	-0-	For w
A. If amending name, enter the new name of the	e limited liability company here:	्र ज
Winter's Adam LLC		م. بېر
The new name must be distinguishable and end with th	e words "Limited Liability Company," the design	ation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A		
Trincipal office unuress most be A STREET A	DDRESS)	
		
Enter new mailing address, if applicable:		
.	<u></u>	TE-V4. M. P4.P4.P4.
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or i		enter the name of the nev
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	. Flor	ida
_	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> Type of Action <u>Name</u> <u>Address</u>

Remove

Э.	If am	ending any other	information, enter change(s) here:	(Attach additional sheets, if necessary.)
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)at	ed	Apr. 1 19	, 2013	
			MH Kii	>
			Signature of a member or authorize	~ ·
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Page 3 of 3

Filing Fee: \$25.00

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