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APR 1 8 2019 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp			•
CHDH		APITAL CONSULTING LLC	;	
SUBJI	<u></u>	Name of Limi	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		JONATHAN GOLDEN		
			Name of Person	
		BOSTON FINANCE GRO		
			Firm/Company	
		12707 49TH STREET, SUI		
			Address	· · · · · · · · · · · · · · · · · · ·
		CLEARWATER, FLORID	A 33762	
		JG@BOSTONFINANCEGE	City/State and Zip Code ROUP.COM	
		E-mail address: (t	o be used for future annual report notific	ation)
For fu	ther information co	ncerning this matter, please ca	ıll:	
JONA	THAN GOLDEN		727 497-1661 at ()	
	Name of	Person	Area Code Daytime	Felephone Number
Enclos	ed is a check for the	e following amount:		
\$2	5.00 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

BOSTON CAPITAL CONSULTING LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppears on our records.) cany)
The Articles of Organization for this Limited Liability Company were filed of	on 5/15/2013 and assigned
Florida document number L13000071355	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
BOSTON HOLDING MANAGEMENT COMPANY LLC	<u>™</u> ∺ 16
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation. "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2
	<u> </u>
	<u>C</u>
nter new mailing address, if applicable:	
	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office addresegistered agent and/or the new registered office address here:	is on our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street address
	Pl24.

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change _□ Add _□ Remove ☐ Change ☐ Add □ Remove ☐ Change _□ Add □ Remove □ Change

							
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fan effectiv Note: If t	date, if other than we date is listed, the date ne date inserted in the s effective date on the	e must be specific ar is block does not	nd cannot be prior meet the applic	cable statutory fili	nore than 90 days afte	onal) r filing.) Pursuant to 605.0 s date will not be listed	1207 (l as t
	d specifies a dela th day after the			ot an effective	time, at 12:01	a.m. on the earlier	of:
	RII 1		2019				
Dated AP			-,	-			
Pated AP	M		,	orized representativ			

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Filing Fee: \$25.00