## LIHUU25654

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(/	Address)
(/	Address)
	City/State/Zip/Phone #}
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(1	Business Entity Name)
	Document Number)
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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	Boulevard I	Development Partners, LLC		
Sobster.	1	Name of Lim	ited Liability Company	
The enclosed	I Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Joshua Pardue		
			Name of Person	
		GNP Development Partner	rs, LLC	
			Firm/Company	
		52 Riley Road, Unit 155		
			Address	
		Celebration, FL 34747		
		deckirby@gnpdev.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi-	cation)
For further in	iformation co	oncerning this matter, please co	all:	
Dee Kirby			904 537-4112 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25,00 F	iling 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:

TO:

Registration Section

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

Boulevard Development Partners, 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  $\frac{03/03/2014}{1}$ and assigned Florida document number \_\_\_\_14000035059 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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

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

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GNP Development Partners, LLC	52 Riley Road, Unit 155	Add
		Celebration, FL 34747	□ D
			□ Change
MGR Central Florida Equit	Central Florida Equities, LLC	52 Riley Road, Unit 155	
		Celebration, FL 34747	Remove
		-	Change
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fective date, if other than the effective date is listed, the date mote: If the date inserted in this becoment's effective date on the listense.	block does not mee	t the applicab	date of filing or le statutory fil	more than 90 da ing requiremen	ys after filing.) F its, this date w	Purs <del>u</del> ant to ill not be l	605,020 listed a
e record specifies a delaye The 90th day after the re		e, but not a	an effective	time, at 12	!:01 a.m. or	n the ea	rlier (
ated June 28		2017					
neu -							

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Typed or printed name of signee

Filing Fee: \$25.00