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### **COVER LETTER**

	egistration Sec ivision of Cor			
SUBJECT		Philadelphia, LLC		
30000001	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Bryan J. Stanley, Esq.		
			Name of Person	
		Bryan J. Stanley, P.A.		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		209 Turner Street		
			Address	
		Clearwater, FL 33756		
			City/State and Zip Code	
		bryan@bryanjstanley.com		
		E-mail address: (	to be used for future annual report notif	cation)
For further	information co	oncerning this matter, please co	all;	
Maria Ferr	nandez		727 461-1702 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

Boos-G St Philadelphia, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liab	ility Company were filed on June 12, 2014	and assigned
Florida document number L14000095071		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
		···
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	r the name of the n
egistered agent and/or the new registered original	e address nere.	- 5 - 0 - 2
Name of New Registered Agent:		
		- <u> </u>
New Registered Office Address:	Enter Florida street address	
		SIA SIA
-	, Florida _	2> <u>0</u>
	City	22 Elp 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 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.

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	Boos, Robert D.	2651 McCormick Drive	
		Clearwater, FL 33759	☐ Remove
			☐ Change
MGR	Boos, Robert B.	2651 McCormick Drive	Add
		Clearwater, FL 33759	□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
·			Add
			☐ Remove
			☐ Change

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ocument's effect	tive date on the Departi	nent of State's reco	rds.				
e record spec The 90th day	cifies a delayed effor y after the record i	ective date, but s filed.	not an effe	ctive time, at	12:01 a.m.	on the	earlier (
ated July 27		2015					
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	<b>,</b> • • •			sentative of a memb			

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Typed or printed name of signee

Filing Fee: \$25.00