

L14 0000 96457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

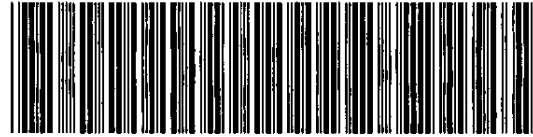
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1100 West 522 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:

Richard Spencer
Name of Person
1100 West 522 LLC
Firm/Company
62 Walnut St, Suite 300
Address
Wellesley Hills MA 02481
City/State and Zip Code
tbkyproperties@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Spencer at **617 406-9956**
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**

1100 West 522 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 June 16, 2014 and assigned Florida document number L14000096457.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 62 Walnut St, Suite 300
Wellesley Hills MA 02481
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 62 Walnut St, Suite 300
Wellesley Hills MA 02481
(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
_____, Florida _____
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Richard Spencer	226 W Canton St, Unit 1	<input type="checkbox"/> Add
		Boston, MA 02116	<input checked="" type="checkbox"/> Remove
MGR	Richard Spencer	62 Walnut St, Suite 300	<input checked="" type="checkbox"/> Add
		Wellesley Hills MA 02481	<input type="checkbox"/> Remove
AMBR	CS9 Holdings LLC	62 Walnut St, Suite 300	<input checked="" type="checkbox"/> Add
		Wellesley Hills MA 02481	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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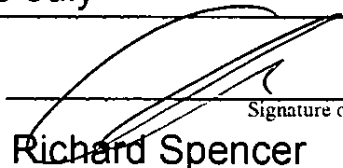
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STATE OF MASSACHUSETTS
SECRETARY OF STATE
CORPORATION DIVISION
JAN 11 2011

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 25 July, 2014



Signature of a member or authorized representative of a member

Richard Spencer

Typed or printed name of signee

RECEIVED
JUL 25 2014
FLORIDA DEPARTMENT OF STATE