

L14 0000 99228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

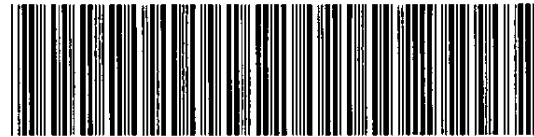
(Business Entity Name)

(Document Number)

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14 JUL 18 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 18 2014

T CLINE

ATTACHED  
AND  
FILED

**SMITH  
&  
ASSOCIATES**  
ATTORNEYS AND COUNSELORS AT LAW

July 18, 2014

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**By Hand Delivery**

Re: "Boppa's Home 2 LLC" -- Correction Amendments to Articles

Dear Sir/Madam:

As authorized representative and counsel for Boppa's Home 2 LLC (the "Applicant") attached for processing please find the above-referenced Amendment application along with a \$25 check for the Application Fee.

Due to underlying pressing circumstances, we would like this application processed and the online update as soon as possible.

Thank you for your time and assistance, and feel free to contact me if there are any questions or if additional information is needed.

Sincerely,

  
Timothy B. Elliott

c: Enclosures

cc: Beth Ann Meyer, Mgr and Owner

S:\7271000\Meyer, BethAnn\ALF Approval\Corr Emails\Cover Ltr Div. Corp Amend Articles July 18 2014.docx

SECRET  
DIVISION OF SMITH  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BOPPA'S HOME 2 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:

**BETH ANN MEYER**

Name of Person

**BOPPA'S HOME 2 LLC**

Firm/Company

**163 AVIATION AV**

Address

**PALM BAY FL 32907**

City/State and Zip Code

**bhemployment@yahoo.com**

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

For further information concerning this matter, please call:

**BETH ANN MEYER**

Name of Person

at **(419)**

Area Code

**296-3279**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BOPPA'S HOME 2 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 20 2014 and assigned  
Florida document number L14000099228

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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: N/A

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.*

N/A  
If Changing Registered Agent, Signature of New Registered Agent

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FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

NOTE: this is not really an "add", just a correction -- ☐ Add

→ 1. The RA and Mgr is the same person, but the correct name is "Meyer, Beth Ann" (not "Bethann"); and ☐ Remove

→ 2. The Authorized Person(s) Detail on Sunbiz screen currently shows "NONE" but should instead show Meyer, Beth Ann as Mgr -- ☐ Add

☐ Remove

-- all as was indicated in the original articles filed June 20.

[illegible]

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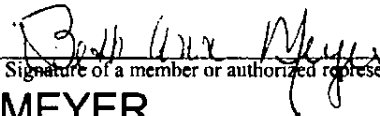
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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 JULY 11, 2014



Signature of a member or authorized representative of a member

**BETH ANN MEYER**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECTION 10, ARTICLE I  
TALLAHASSEE, FLORIDA

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