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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

| Div | ision of Corp | orations | | | | |
|----------------|-----------------|---|---|--------------------|---|---|
| SUBJECT: | Boos-Bound | Brook, LLC | | | | |
| | | Name of Limited Liability Company | | | - | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return | 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 | | | 201 SE | |
| | | | City/State and Zip Code | | LAH CRE S SE | |
| | | bryan@bryanjstanley.com | | | SEP II | - |
| For further in | nformation co | E-mail address: (to encerning this matter, please ca | to be used for future annual report notificall: | ation) | | |
| Maria Ferna | ndez | · | 727 461-1702 at (| | 2: 15 STATE LORIDA | Ų |
| | Name of | Person | | Telephone Numb | | |
| Enclosed is a | a check for th | e following amount: | | | | |
| ■ \$25.00 F | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifi Certifi | Filing Fee, cate of Status & ed Copy nal 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

Boos-Bound Brook, 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 August 4, 2014 and assigned Florida document number L14000122254 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: T (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

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 |
|--------------|-----------------|----------------------|-----------------|
| MGRM | Boos, Robert D. | 2651 McCormick Drive | Add |
| | | Clearwater, FL 33759 | ■ Remove |
| | | | Change |
| MGRM | Boos, Robert B. | 2651 McCormick Drive | Add |
| | | Clearwater, FL 33759 | ■ Remove |
| | | | □ Change |
| MGR | Boos, Robert D. | 2651 McCormick Drive | ⊟ Add |
| | | Clearwater, FL 33759 | □ Remove |
| | | | □ Change |
| MGR | Boos, Robert B. | 2651 McCormick Drive | 781 28 Add |
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| ective date, if other than the date of filing: | | (optional |) | |
| effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the application. | to date of filing or more than able statutory filing requi | i 90 days after filing rements, this date | g.) Pursuant to will not be | o 605.02 e listed |
| nument's effective date on the Department of State's records. | | | | |
| record specifies a delayed effective date, but no | t an effective time. | at 12:01 a.m. | on the e | arlier |
| he 90th day after the record is filed. | | | | |
| September 11 2015 | | | | |
| red | _· | | | |
| (lidleet < | l. 12 | | | |
| Signature of a member or author | orized representative of a mo | ember | | _ |

Page 3 of 3

Filing Fee: \$25.00