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| Certified Copies | _ Certificates | s of Status |
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2015 SEP IN P 2: 15
SECRETARY OF STATE

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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | | |
|--------|--------------------------------------|--|---|---|------------------|--------|
| cup i | | tradenton, LLC | | | | |
| SUBJ | ECI: | Name of Lim | ited Liability Company | | | |
| The er | nclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please | return all correspon | 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 notificat | ion) ALC | 2015 | |
| For fu | rther information co | oncerning this matter, please ca | all: | AHE | 33S | |
| Maria | Fernandez | | 727 461-1702 at () | ARY SSEE | 2015 SEP 14 | |
| Enclos | Name of seed is a check for the | Person e following amount: | | lephone Number | P 2: 15 | Ë |
| | 25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Fil Certificat Certified (additional | e of Sta Copy | atus & |

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-15th Bradenton, LLC | | |
|--|---|-----------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our rec- limited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Co. | mpany were filed on August 14, 201 | 14 and assigned |
| Florida document number L14000127836 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "L | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | · · · · · · · · · · · · · · · · · · · | · · · · · · · |
| Principal office address MUST BE A STREET ADDRE | ESS) | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| Maning duaress MAT BE AT OST OFFICE BOX | · · · · · · · · · · · · · · · · · · · | |
| | | |
| B. If amending the registered agent and/or registe | | |
| egistered agent and/or the new registered office addre | ess here: | 2015 SECA |
| | | AR SE |
| Name of New Registered Agent: | | SSA |
| New Registered Office Address: | | E |
| | Enter Florida street add | dress Co |
| | · | Florifiant - |
| | City | Sip 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 |
|--------------|-----------------|----------------------|-------------------|
| MGRM | Boos, Robert D. | 2651 McCormick Drive | |
| | | Clearwater, FL 33759 | ■ Remove |
| | | | ☐ Change |
| MGRM | Boos, Robert B. | 2651 McCormick Drive | |
| | | 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 | Add |
| | | Clearwater, FL 33759 | Remove |
| | | | SEE. DAN |
| | | | FLORIDA 7: Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |

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| ctive date, if other than the date of effective date is listed, the date must be spece: If the date inscrted in this block document's effective date on the Department. | cific and cannot be prior es not meet the applic | able statutory fili | nore than 90 days afte | | |
| record specifies a delayed effec ne 90th day after the record is | | t an effective | time, at 12:01 | a.m. or | n the earlier |
| September 11 | 2015 | | | | |
| | Cabert e | l Br | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00