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COVER LETTER

то:	Registration Sec Division of Corp			
eud iez	BOOS-BEV	ERLY LLC		
SUBJEC	.l:	Name of Limi	ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
		Andra DelMonico		
			Name of Person	
		Boos Development		
Firm/Company				
		410 Park Place Blvd Ste 10	00	
٠,			Address	
		Clearwater, FL 33759		
			City/State and Zip Code	
		adelmonico@boosdevelopn		
			to be used for future annual report notific	ation)
For furth	er information co	ncerning this matter, please ca	all:	
Andra D	DelMonico		727 669-2900 at ()	
	Name of	Person	Area Code Daytime	l'elephone 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 **ARTICLES OF ORGANIZATION OF**

BOOS-BEVERLY LLC			
(Name of t	he Limited Liability	Company as it	now appear

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company were filed on 08/14/2014 Florida document number L14000127865	and assigned
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	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	······································
(Principal office address MUST BE A STREET ADDRESS)	
new mailing address, if applicable: ng address MAY BE A POST OFFICE BOX)	
	NA NA
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	The man
B. If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here:	ls, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street addre.	ess.
	lorida 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 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

Title	<u>Name</u>	Address	Type of Action
MGRM	BOOS, ROBERT D	410 Park Place Blvd, Suite 100	Add
		CLEARWATER, FL 33759	■ Remove
			□ Change
MGRM	BOOS, ROBERT B	410 Park Place Blvd, Suite 100	
		CLEARWATER, FL 33759	■ Remove
			☐ Change
MGR	WRIGHTENBERRY, E. GENE	410 Park Place Blvd, Suite 100	
		CLEARWATER, FL 33759	Remove
			□ Change
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			Add
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			☐ Change

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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant filing requirements, this date will not	t to 605.02 be listed:
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the	earlier
The 90th day after the record is filed.		
ated,		
· · · · · · · · · · · · · · · · · · ·		

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Typed or printed name of signee

Filing Fee: \$25.00