



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Boca Grande PSL 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:

Chris Lambertson  
Name of Person

\_\_\_\_\_  
Firm/Company

355 11<sup>th</sup> St.  
Address

Atlantic Beach, FL 32233  
City/State and Zip Code

Chris@elitehomesfl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Lambertson at (904) 349-2803  
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

Boca Grande PSL 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 January 30, 2015 and assigned Florida document number L15000018737.

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:

(Principal office address MUST BE A STREET ADDRESS)

355 11<sup>th</sup> Street  
Atlantic Beach, FL 32233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

FILED  
15 APR 20 PM 11:58  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**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:

Chris Lambertson

New Registered Office Address:

355 11<sup>th</sup> Street

Enter Florida street address

Atlantic Beach  
City

Florida

32233

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.

Chris Lambertson  
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>
MGR	Patricia Lambertson	355 11 <sup>th</sup> Street	<input checked="" type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remove
MGR	Chris Lambertson	355 11 <sup>th</sup> Street	<input type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 15 APR 20 PM 4:19  
 FILED

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

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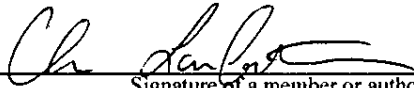
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 April 3, 2015.



Signature of a member or authorized representative of a member

Chris Lambertson

Typed or printed name of signee

**FILED**  
15 APR 20 PM 6: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA