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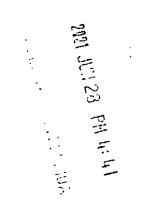
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COVER LETTER

TO.	Division of Cor	porations	· · ·	*• **
0110.10	om.		ard Partners, LLC	
SORTE	.C1:	Name of Lin	nited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			Ganon J. Studenberg, Esq	
			Name of Person	
			STUDENBERG LAW	
Name of Person STUDENBERG LAW Firm/Company 1119 Palmetto Avenue Address Melbourne, FL 32901 City/State and Zip Code info@studenberglaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ganon J. Studenberg, Esq. Name of Person Area Code Daytime Telepho Enclosed is a check for the following amount:				
	Boulevard Partners, LLC Name of Limited Liability Company			
			Melbourne, FL 32901	
			City/State and Zip Code	
		_		
				nification)
For furt	her information c	oncerning this matter, please c	rall:	
Ganon	J. Studenberg, Es	q.		1-722-2420
-	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	i.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				ection
	Division of C	orporations	Division of Co	orporations
	P.O. Box 632 Tallahassee, I			Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bould	evard Partners, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document numberL15000042952	mpany were filed on	March 9, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	d liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the de	signation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	(2.2.)		
			
			<u></u> پ
Enter new mailing address, if applicable:			`:
Mailing address MAY BE A POST OFFICE BOX)			<u>ත</u>
Maining udaress MAT BL A 1 031 01 11CL HOAT			. 3
		 _	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our re	cords, <u>enter the nam</u>	e of the new-regist
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Flori	da street addr e ss	
		, 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.

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>	<u>Address</u>	Type of Action
MGR	William M. Braselton, III	315 Third Avenue	□Add
		Indialantic, Florida 32903	□Remove
MGR	Jennie H. Braselton	315 Third Avenue	≡ ∧dd
		Indialantic, Florida 32903	□Remove
			☐Change
			□ Change □ □ Add
			□Remove
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			□Add
			□Remove
			□ Change

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lote: If th	e date is listed, the date must he date inserted in this bloo s effective date on the Dep	ek does not meet t	he applicable	te of filing or mor statutory filing	than 90 days after equirements, this	filing.) Pursus date will no	ant to 605.020 of be listed a
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