

H150000854393
L150000054

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000085439 3)))



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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : DAVID C. HASTINGS, CPA, PA
 Account Number : I20000000168
 Phone : (727) 322-0909
 Fax Number : (727) 322-0520

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: DAVIDCPA@TAMPABAY.FL.GOV

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 BOY WONDER, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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 15 APR -7 AM 10:00
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 INFORMATION SERVICES

H150000854393

APR 08 2015
 J. BRUCE

Apr. 7. 2015 11:00AM

No. 1402 P. 2

14150000854393
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BOY WONDER, 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 APRIL 6, 2015 and assigned
Florida document number L15000060054.

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**)

Enter new mailing address, if applicable:

(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

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

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APR 7, 2015 11:01AM

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No. 1402 P. 3

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>
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AMBR	YOAN MONCADA OLIVERA	2207 54TH ST S	<input checked="" type="checkbox"/> Add
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		GULFPORT, FL 33707	<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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			<input type="checkbox"/> Remove
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APR 7 2015 11:01AM

No. 1402 P. 4

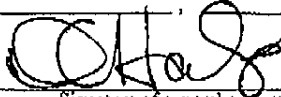
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 7 2015



Signature of a member or authorized representative of a member

DAVID C HASTINGS

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

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