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## **COVER LETTER**

TO: Registration Se Division of Cor					
	ANDO, LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kyle Jensen				
		Name of Person			
	Clark, Campbell, Lancaste	er & Munson, P.A.			
	500 South Florida Ave., St	Firm/Company uite 800			
	Lakeland Florida 33801	Address			
	khjensen@cclmlaw.com	City/State and Zip Code	<del></del>		
	E-mail address: (	to be used for future annual re	port notification)	7	2 to
For further information of	oncerning this matter, please ca	all:			(17) (17)
Kyle Jensen		863 647-	5337		φ <u>1</u>
Name o	t Person	Area Code	Daytime Telephone Number	•	
Enclosed is a check for the	he following amount:				<b>⊘</b> 1
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Fil Certificat Certified tadditional	ie of Stati Copy	

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**

GLP ORLANDO, 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 $\frac{01/26/2016}{\text{L16000017975}}$ .	;	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
Boskam, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	ne abbrevia	ition "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></b> .	
		<u>-</u>	
B. If amending the registered agent and/or registered office address on our records, <u>en</u>	tor the	nañi2	of the n
registered agent and/or the new registered office address here:	ici enc	raine Tal	<u> </u>
	;; t	(7)	ij Tube
Name of New Registered Agent:	1	97	
New Registered Office Address:		-1) [2]	1
Enter Florida street address		-:- (\cdot)	تزرا
, Florida		n 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. Thereby 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
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January 31	2019		
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D. O Jan	gnature of a member or authorized representa		

Page 3 of 3

Filing Fee: \$25.00