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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROXAN BOVEE REALTY, 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:
POXAN BOVEE, AMBR Name of Person
ROXAN BOVEE, LLC Firm/Company
1024 DARTFORD DRIVE Address
TARPON SPRINGS, FL 34688-7618 City/State and Zip Code Poxanbovee agamai . com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A OXAN BOVEE, AMBR at (970) 379-4358 Name of Person Area Code Daytime Telephone Number 5
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOXHN DOVCE				_
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our records. Liability Company))		
The Articles of Organization for this Limited Liability Company	y were filed on <u>08/01/</u>	1301	'6 and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
ROXAN BOVEE, LLC. The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the ab	breviation	"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 or registered agent and/or the new registered office address he		enter	the nar	ne of the new
Name of New Registered Agent:		I A	_ <u>₹</u>	desc. Sand
New Registered Office Address:	Enter Florida street address	SSE		- Constitution of the Cons
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New Registered Agent's Signature if changing Registered Agent	City	RID P	Zip Co	ode
New Registered Agent's Signature, if changing Registered Agent	t:	12.7	œ	

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>	Name	Address	Type of Action
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Add the state of t	•
tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 60 tutory filing requirements, this date will not be lis
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an e e 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earl
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AUGUST 10 , 2016.	
Popal Boi	
	presentative of a member

Page 3 of 3

Filing Fee: \$25.00