# 11600156932

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D. SCOTT JAN 1 3 2017

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: The	Bosin Bram Po	om LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kennet	Name of Person	
	The Boom Bo	om Room RADio Firm/Company	8 Recording Studios
		St. #503B Longo Address	
	KTAUris E-mail address: (1	City/State and Zip Code  mo holmoil Ca to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	元二
Kenneth F	2. TAMRISAMO	at (727) Area Code Daytime	204 2620 TO TO
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)

Registration Section,

TO:

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**

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1600156932</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability		ed
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C.	<del>,,</del>
Enter new principal offices address, if applicable:	13070 91st St #5031	<u>B_</u>
(Principal office address MUST BE A STREET ADDRESS)	LARGO FI 33773	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the new
Name of New Registered Agent:	— hic	<del>\rightarrow</del>
New Registered Office Address:	Enter Florida street address	
	デース , 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>		Address	Type of Action
MGR/OW	1eL	Kenneth Taurisano	12207 105th St LARGO FL 33773	; <b>X</b> (Add
				□ Remove
				☐ Change
Ambr	Lisa	Taurisano Midki	Clearwater FL 33764	Add
				Remove
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If amending any other in	ormanon, enter cha	inge(s) nere. (7ina	en adamonai sneer.	s, ij necessary.)	'
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Effective date, if other that (If an effective date is listed, the date inserted in document's effective date on	ate must be specific and ca this block does not mee	et the applicable stati			
	the Department of State				
he record specifies a de The 90th day after th		te, but not an ef	fective time, at 1	2:01 a.m. or	n the earlier of
Dated Jan 9		2017.			TILEU
	Signature of a me	mber or authorized rep	resentative of a membe	er	المستحدث المستحد
	Kennoth-	Ta 120'00	~ <b>^</b>		2: 32 GMD:
	<u>רעדשוויטן ו</u> די	TauRisa yped or printed name o	of signee		

Page 3 of 3

Filing Fee: \$25.00