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3/16/17

NAME:

BOGHOS 17 LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Reg Div	gistration Section is corporated to the corporate of the	on rations			
SUBJECT:	BOGHOS 17	LLC			
SCHIECT:		Name of Limi	led Liability Company	······································	
The enclose	d Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return	n all correspond	ence concerning this matter t	o the following:		
		ANDRES WECKSLER			
			Name of Person		
			Firm/Company		
		200 Leslie Drive #515			
			Address		
		Hallandale, Floirda 33009			
			City/State and Zip Code		
		E-mail address: (t	o be used for future annual report notifica	tion) —i,	o 🚅
For further i	information con	cerning this matter, please ca	ılt;	P.	ii Ca
Amy Mora			305 588-1172		图 第二二
	Name of P	erson	Area Code Daytime To	elephone Number	19 至 口
Enclosed is	a check for the	following amount:			8 9 0 8 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	

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

BOGHOS 17 LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on March 3, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	4	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		EGG ST
New Registered Office Address:	Enter Florida street address	SSE TO
	, Florida	Zib Code
New Registered Agent's Signature, if changing Registered Agent:		景州 9

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
MGR	Yervant Boghossian	200 Leslie Dr. #515	
		Hallandale, Florida 33009	■ Remove
			□ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Add
			SECOND TO A SECOND SECO
		Officernove 2	
		☐ Change	
			□ Add
			□ Remove
	,		Change

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

	March 15, 2017
(If an effective dans Note: If the dans	te, if other than the date of filing: March 15, 2017 (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pulsuant to 600 0207 (3) to date inserted in this block does not meet the applicable statutory filing requirements, this date will plot be listed as the ffective date on the Department of State's records.
If the record s (b) The 90th	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	1ARCH 15 . 2017.
	Signature of a member or authorized representative of a member
	GALVADOR BOGHOSSIAN

Page 3 of 3

Filing Fee: \$25.00