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SUBJEC		MERON ELC		
SUBJE	CI:	Name of Lin	ited Liability Company	
	i			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Andra DelMonico		
			Name of Person	
		Boos Development		
			Firm/Company	
		410 Park Place Blvd ste 10	00	
			Address	· · · · · · · · · · · · · · · · · · ·
		Clearwater, Fl. 33759		
		-	City/State and Zip Code	
		adelmonico@boosdevelopi	ment.com	
		E-mail address: (to be used for future annual report noti	fication)
For furth	her information co	oncerning this matter, please c	all:	
Andra [DelMonico		727 669-2900	
	Name o	f Person		e Telephone Number
Enclosed	d is a check for th	ne following amount:		
\$25.	.00 Fiting 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 assee, FL 32314	STREET/COUR! Registration Section Division of Corpo Clifton Building 2661 Executive Control Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOOS-CAMERON LLC

(<u>Name of the Limited I</u> (A	Liability Company as it now appears on our records Florida Limited Liability Company)	.)
The Articles of Organization for this Limited Liabi lorida document number L17000124075	lity Company were filed on 6/6/2017	and assigned
This amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of the	e limited liability company here:	
-	note the change is the comma after cameron	
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or egistered agent and/or the new registered office. Name of New Registered Agent:	registered office address on our records.	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	Elo	rida
-	City	Zip Code
ew Registered Agent's Signature, if changing Regi	istered Agent:	
hereby accept the appointment as registered a rovisions of all statutes relative to the proper of ccept the obligations of my position as register eing filed to merely reflect a change in the reg ompany has been notified in writing of this cha	and complete performance of my duties, and red agent as provided for in Chapter 605, I istered office address, I hereby confirm tha	d I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent Signature of	f 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
	 		
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an effectiv	date, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
ote: If the comment `	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a s effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	th day after the record is filed.
ated £	Light J. Pm
cu <u></u>	
	Light J. Pr
	Signature of a member or authorized representative of a member
	Robert D. Boos

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Filing Fee: \$25.00