## 117000163711

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## **COVER LETTER**

Divi	sion of Cor	porations		
SÜBJECT:	BOOS- OR	9 MILE LLC		
SOBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Andra DelMonico		
•		<del></del>	Name of Person	
		Boos Development		
1			Firm/Company	
1		410 Park Place Blvd ste 10	00	
			Address	
		Clearwater, FL 33759		
			City/State and Zip Code	<del></del>
		adelmonico@boosdevelopn		
		E-mail address: (	to be used for future annual report notifi	ication)
For further in	formation c	oncerning this matter, please ca	all:	
Andra DelM	onico		727 669-2900 at ( )	
	Name o	of Person		Telephone Number
Enclosed is a	check for the	he following amount:		
\$25.00 F	iling 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)

MAILING ADDRESS:

TO:

Registration Section

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



**BOOS- OR 9 MILE 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 August 01, 2017 and assigned Florida document number L17000163711 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BOOS- OR 9 MILE, LLC please note the change is the comma after Mile The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_

If amending or removed	g Authorized Person(s) authorize from our records:	zed to manage, enter the	title, name, and address of each	person being added
MGR = M AMBR = A	lanager authorized Member		FILEL 2017 AUG -9 PM 4: 43 SLUPE JARY OF STATE TALLAHASSEE, FLORID;	
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Aug 7, 70	Signature of a member or a	Uthut uthorized representativ	H.J.Pn	

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Filing Fee: \$25.00