L17000 187 591

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





900335823719

10/21/19--01040--025 **25.00



NOV 12 2015 C Kins

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BOR GROUP Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Elizabeth Helmeyer	<u>2</u>
Firm/Company	
1410 SW 29th Ave Un	<u>d 40</u> 0
Pompano Beach, F	<u>12 33069</u>
E-mail address: (to be used for future annual repo	Com rt notification)
For further information concerning this matter, please of	all:
Aakon Ciottolo at C	954) 2257640 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
№ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boe	Group	LLC	·		
(Name of the Lin	(A Florida Limited	iny as it now appears on Clability Company)	our records.)		
The Articles of Organization for this Limited	Liability Company	were filed on O	11/2017	and a	ssigned
Florida document number <u>L-17-000 18</u>	7591				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the ab	breviation "	L.L.C."
Enter new principal offices address, if appl	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)			20	
			<u></u>	190	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
					₽ <u>{</u> '
Enter new mailing address, if applicable:			5	_	···• a ·
(Mailing address MAY BE A POST OFFICE	E BOX)		ξ/: [.	A	
				0.	
		-		- 5	
B. If amending the registered agent and registered agent and/or the new registered	d/or registered of office address her	ffice address on our <u>e</u> :	records, enter	the name	of the new
Name of New Registered Agent:	200	aboth +	ielme ae	0	
	1110	CLI OOL	101111000	<u> </u>	<u> </u>
New Registered Office Address:	141()_	Enter Florida str	eet address	240	<u> </u>
	Pompa	ano Bead	∕_, Florida	320 Zip Code	69
New Registered Agent's Signature if changing	Dogistanad Assault				

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 adde or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

MGR = Manager

Address Type of Action

MGR = Manager

Address Type of Action

Address Type of Action

Add

Address Type of Action

Remove

11100	Edille Der Lichten	<u>0950 pm 4, (+</u>	□ Add
	·,	unt 101	Remove
		Purpono boads. If 3200	Change
MB	<u>Clicabelh</u> Helmeyer	4102 carriage Dr.	I Add
	Helmeyer		
		forgano beach [1330	<u>∕</u> □ Change
			Add
			Remove
			Change
			Add
			□ Remove
			🗖 Change
			□ Add
			Remove
			□ Change
			□ Add
			Remove
			Change

Effec	tive date, if other than the date of filing: (optional)
lf an e <u>Note</u>	effective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	10/12/2019, 2019.
	Signature of a member of authorized representative of a member
	Carmia dia Haranda

Page 3 of 3

Filing Fee: \$25.00