

L17000207795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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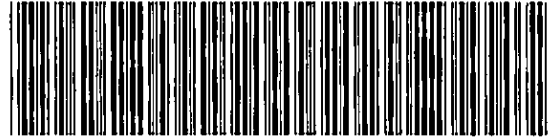
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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JUN 22 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOOBAS BY M & T, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TINAMTOMASINO
Name of Person
BOOBA'S BY M & T, LLC
Firm/Company
10951 SAN CARLOS BLVD UNIT 9
Address
FORT MYERS BEACH, FL 33931
City/State and Zip Code
TMTOMASINO09@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TINA M TOMASINO	239	770-4211
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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)

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**

BOOBA'S BY M & T, 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 10/06/2017 and assigned
Florida document number 1.17000207795.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

15655 OCEAN WALK CIRCLE #205

FORT MYERS, FL 33907

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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: TINA M TOMASINO

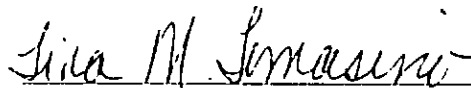
New Registered Office Address: 15655 OCEAN WALK CIRCLE #205

Enter Florida street address

FORT MYERS, Florida 33907
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>	<u>Address</u>	<u>Type of Action</u>
MGR	RUSS, MATTHEW W	15251 BALLAST POINT #1208	<input type="checkbox"/> Add
		FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TOMASINO, TINA M	15655 OCEAN WALK CIRCLE	<input checked="" type="checkbox"/> Add
		#205	<input type="checkbox"/> Remove
		FORT MYERS, FL 33907	<input type="checkbox"/> Change
MGR	TERRA KARDA SOUTH, LLC	17979 SAN CARLOS BLVD	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33931	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 18, 2018

Lina M. Tomasino

Signature of a member or authorized representative of a member

TINA M TOMASINO

Typed or printed name of signee