11/17/2017

Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. FAEHNER, ESQ. LLC

Account Number : I20170000081
Phone : (727)443-5190
Fax Number : (727)474-9949

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: filings @ mfachner. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONIQUE BOSI REAL ESTATE LLC

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CORRECTION

S. WARREN

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Corporate Filing Menu

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2017 RBY

From. M. Faehner, Esq. LLCFax; (727) 474-9949

To: 8506176383@refax.con Fax; (850) 617-6383

Page 3 of 5 11/20/2017 2:31 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HI7000304240 3

MONIQUE BOSI REAL ESTATE LLC	·	
(Name of the Limited Liability Company (A I-lorida Limited Lia	as (t now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on November 15, 2017	and assigned
Florida document number L17000236216		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
Monique Bosi PLLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(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.	ce address on our records (c	
registered agent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		17 NO
•		12 T
New Registered Office Address:	Enter Florida street address	7 PH 0
New Registered Agent's Signature, if changing Registered Agent:	City	2 Zip Cide
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per	to act in this capacity. I furthe erformance of my duties, and I	r agree to comply with the am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

From: M. Faehner, Esq. LLCFax: (727) 474-9849

MGR = Manager

To: 8506176283@rcfax.con Fav: (850) 617-6383

Page 4 of 5 11/20/2017 2:31 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member					
<u>Title</u>	Name	<u>Address</u>	Type of Action		
			_ □ Add		
			□ Change		
		·	□ Remove		
			□ Add		
			□ Remove		
			Change		
			☐ Remove		
			Change		
			DAdd		
			Gemove		
			Themove		
			Position Reserve		

☐ Change

Dated November 20 2017

Michael J. Fachner, Esq. Typed or printed name of signee 72.

Page 3 of 3

Filing Fee: \$25.00