L17000245722

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COVER LETTER

	Registration Se Division of Cor		•	
SUBJEC	Boulos Ho	mes, LLC		
SOBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Ty Pressel		
			Name of Person	
		Boulos Homes, LLC		
			Firm/Company	
		118 N. Monroe St.		
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		tpressel@empressproper		
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information o	oncerning this matter, please co	all;	
Ty Press	sel		850 295-4678	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$ 25.0	0 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

Boulos Homes, LLC		
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	records,)
The Articles of Organization for this Limited Liabi	lity Company were filed on 11/30/201	7 and assigned
Florida document number L17000245722		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	•
Enter new principal offices address, if applicabl	e:	2018
(Principal office address MUST BE A STREET A	ADDRESS)	AND THE TOTAL PROPERTY OF THE
		ASSE
Enter new mailing address, if applicable:	·	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
B. If amending the registered agent and/or		cords, enter the name of the new
registered agent and/or the new registered office	e address nere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
_		_, Florida
	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>	Type of Action
MGR	Charles Ray Webb, II	118 N. Monroe St.	
		Tallahassee, FL 32301	☐ Remove
			Remove
			Change
			
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			FILE 2018 ₹EB - Remodel SECTETARY
			SR D-Remove
			Part for the second se
			Remove
			□ Change

			 	
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ffective date, if other than the of an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cann ck does not meet t	ot be prior to date of fi he applicable statute	ling or more than 90 da ory filing requiremen	_(optional) ays after filing.) Pursuant to 605.0 nts, this date will not be listed
e record specifies a delayed The 90th day after the reco	effective date, rd is filed.	, but not an effe	ctive time, at 12	2:01 a.m. on the earlier
February 6	20	018		
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	Signature of a memb	er or authorized repre	sentative of a member	SA T
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Hadi M. Boulos		ed or printed name of s		

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Filing Fee: \$25.00