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N. CAUSSEAUX AUG 23 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Boulos Homes 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:
Tylene Harris Name of Person
Bowlos Corporation Firm/Company
118 N Monroe Street
Talahassee FL 32301 City/State and Zip Code
ty kine havis & backos corporation. Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tylere Hams at (850) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee 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 Ho (Name of the Limited Li (A F)	ability Company as it now appears on our records. orida Limited Liability Company)	<u>) </u>
The Articles of Organization for this Limited Liabili		and assigned
This amendment is submitted to amend the followin	g:	
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 "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	23
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	2.5
B. If amending the registered agent and/or r registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	_	rida
	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 = A	Authorized Member		
<u>Title</u>	Name Charchage	Address	Type of Action
MGR	Charles Ray Webb, II		
			Remove
			Change
MGR	Margaret (Missy) Davis-Whiddon		
	Davis-Whiddon		Remove
			☐ Change
			Add
			☐ Remove
			G.Changer
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			□ Change

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7-10					_		
n effective da ote: If the da	e, if other than to is listed, the date ate inserted in this fective date on the	must be specific a s block does not	nd cannot be prior meet the applic	able statutory fili	more than 90 days a	ptional) after filing.) Pursu this date will no	ant to 605.020 of be listed a
	pecifies a deladed day after the r			t an effective	time, at 12:0	1 a.m. on th	e earlier (
ted Av	ignst 2	3	2018				

Page 3 of 3

Filing Fee: \$25.00