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WALL TOWN

COVER LETTER

TO: Registration Se Division of Cor			* ,
SUBJECT:	Boheme N	larrakesh LL	\mathcal{C}
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tric	Name of Person	
		Firm/Company	
	7750	Okeechobee Blu	id Suite 4-10
	west?	Palm Beach, FL	33411
	Mat-	Palm Beach, FL. City/State and Zip Code City/State and Zip Code Ton Yi Cial E glya to be used for future annual report noti	(il, com
For further information co	oncerning this matter, please or		
Tricia-	Hatton	at (50) 32L	1-0033
Name of	f Person	Area Code Daytim	e Telephône Number
Enclosed is a check for th	ne 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bohane Marrakach LC	
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on 12/20 Florida document number 1700264544 This amendment is submitted to amend the following:	1/2017 and assigned Foriginal name Misspelled
A. If amending name, enter the new name of the limited liability company here:	
Boheme Marrakech LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
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)	18 JAN TIL
B. If amending the registered agent and/or registered office address on our recorregistered agent and/or the new registered office address here:	ords, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street add	4
	Florida 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 provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in Chapter 60 being filed to merely reflect a change in the registered office address, I hereby confirm company has been notified in writing of this change.	and I am familiar with and 15, F.S. Or, if this document is

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 = N AMBR = A	Anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	•		□ Remove
			□ Change
	·		Remove
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18 JAN 11 PM 3: 00	ame	nding any other information, enter change(s) here: (Attach additional sheets	, if necessary.)	
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