079099984 11715/2018	Floticities Department of State Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number
	(shown below) on the top and bottom of all pages of the document.
	(((H18000328563 3)))
-	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TAVISTOCK DEVELOPMENT Account Number : 120170000084 Phone : (407)909-9957 Fax Number : (407)909-9984 **Enter the email address for this business entity to be used for future of the second of the se
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
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Corporate Filing Menu

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Help

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COVER LETTER

TO: Registration Se Division of Cor					
TDC Boyls					
SUBJECT:		sted Liability Company			
The enclosed Articles of	Amendment and fue(s) are sub	mitted for filing			
Please return all correspo	ondence concerning this matter	to the following.			
	Michelle Dadisman				
	Tavistock Financial, LLC	Name of Person			
		Firm/Company			
	9350 Conzoy Windermere			20N	
	Windermere, FL 34786			2010 NOV	!
	michelle.dadisman@tavisto	City/State and Zip Code ck.com		ARY D	i TT
For further information a	E-mail address (concerning this matter, please c	to be used for future annual report notifi all:	ication)	V 15 AM 9: 1 NARY OF STATI	$\overline{\bigcirc}$
Michelle Dadisman		407 909-9970		10×	
Name c	of Person	at () Area Code — Daytime			
Enclosed is a check for t	he following amount				
S25 CO Filing Fee	C \$30.00 Filing Fee & Certificate of Status	\$55 00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encli-		
MAT	ING ADDRESS:	STREET/COURI	ER ADDRESS:		
Regist	ration Section on of Corporations	Registration Section Division of Corport	n		
P.O. 8	6x 6327 assee, FL 32314	Clifton Building 2661 Executive Ce Tallahassee, FL 32			

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ARTICLES OF ORGANIZATION OF TDC Boylston, LLC iName of the Limited Liability Company as it now appears on par records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/7/18 and assigned Florida document number L18000056993 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Boylston RE, LLC 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: ł (Mailing address MAY BE A POST OFFICE BOX) <u>ي</u> 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: New Registered Office Address: Enter Florida street address _____, Florida ____ Cin Zip Code

ARTICLES OF AMENDMENT TO

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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ________ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b) 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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Michelle R. Rencoret

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00