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COVERLETTER

TO:	Registration Sec Division of Corp		, rice	W '
aun II	BosleyParri	sh. LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		Frank Bosley		
			Name of Person	
		BosleyParrish, LLC		
			Firm/Company	
		59 Alafaya Woods Blvd		
			Address	
		Oviedo, FL 32765		
		Rick@RickBosley.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	ther information c	oncerning this matter, please ca	all:	
Frank	Bosley		407 815-2020 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$ 2	5.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

BosleyParrish, LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number 1.18000082498		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Frank R Bosley, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:	59 Alafaya Woods Blvd	<u>≥8</u> 19
(Principal office address MUST BE A STREET ADDRESS)	Oviedo, FL	<u> </u>
	32765	
	 -	新· 3 西
Enter new mailing address, if applicable:	59 Alafaya Woods Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Oviedo, FL	<u> </u>
Trutting warress mill DE III CO. C. LEE DO.	32765	¥ –
B. If amending the registered agent and/or registered o		, enter the name of the n
registered agent and/or the new registered office address her	<u>e</u> :	
N. O'Nico Decisioned Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Patrida Meet address	
	, Flo	orida Zip Code
n n n n n n n n n n n n n n n n n n n	•	rigi Cirac
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I fur e performance of my duties, an	ther agree to comply with d I 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.

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>	Address	Type of Action
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
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ficetive date, if other than the date of filing:				<u>.</u>						
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