

L18000218427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

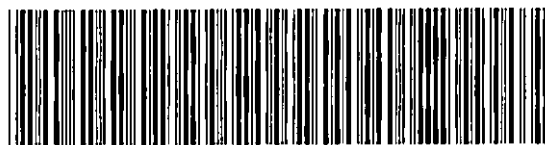
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOSW3 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:

Denise M. Oliveri

Name of Person

BOSW3 LLC

Firm/Company

PO Box 514

Address

Ozona, FL 34660

City/State and Zip Code

dmoliveri14@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise M. Oliveri

727

776-2561

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2023 NOV 14 PM 3:25
STATE OF FLORIDA
TALLAHASSEE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BOSW3 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09-14-2018 / 11-19-2018 and assigned
Florida document number L18000218427.

This amendment is submitted to amend the following:

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 ADDRESS)

109 Harbor Drive

Palm Harbor, Florida 34683

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 514

Ozona, FL. 34660

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:

Denise M. Oliveri

New Registered Office Address:

PO Box 514

Enter Florida street address

Ozona

Florida 34660

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>	<u>Type of Action</u>
MGR	Stephen M. Weinstock	148 - 13th Street SW	<input type="checkbox"/> Add
		Largo, Fl. 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffery S. Schwartz	2344 Kings Point Drive	<input type="checkbox"/> Add
		Largo, FL. 33774	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Oliveri	109 Harbor Dr	<input checked="" type="checkbox"/> Add
		Palm Harbor, Fl. 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mr. Robert J. Weinstock	148 - 13th Street SW	<input checked="" type="checkbox"/> Add
		Largo, Fl. 33770	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AUTH M	Mrs. Denise M. Oliveri	109 Harbor Drive	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL. 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF LARGO

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Attaching Annual Reports filed for BOSW3 LLC
Since 01-28-21 as proof of new managers +
registered agent since that date.

It wasn't known at that time that we
should have also amended the articles of
organization as well.

2023 NOV 14 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: 02-04-2021 (optional)

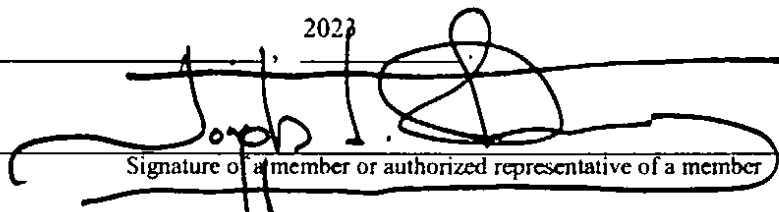
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated November 07

2023



Signature of a member or authorized representative of a member

Joseph Oliveri

Typed or printed name of signee