

L19000034608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

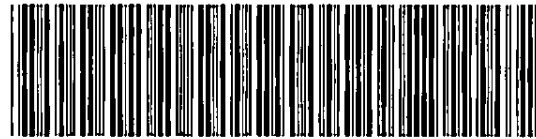
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 01 2019

JUL 12 2019

S. YOUNG

FILED
JUL 12 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B.O.O.T. Investment Group, 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:

Irwin Cineus
Name of Person

Firm/Company

P.O. Box 25865
Address

Tamara, FL 33320
City/State and Zip Code

Irwin.Cineus@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Irwin Cineus at (561) 502-9808
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

B. O. O. T. Investment Group, 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 2/4/2019 and assigned
Florida document number L19000034608

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 _____
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

FILED
2019 FEB 11 PM 6:11
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	Alexius Burns	2578 Lake Ida Rd	<input type="checkbox"/> Add
		Delray Bch, FL 33445	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Arthur Harper	4946 Tortuga Dr	<input type="checkbox"/> Add
		West Palm Bch, FL 33407	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Irwin Cincus	7288 VIA Leonardo	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Oswald Newbold	1565 W. 20th St	<input type="checkbox"/> Add
		Riviera Bch, FL 33404	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Kelvin Collington, Jr	1313 13th way	<input checked="" type="checkbox"/> Add
		West Palm Bch, FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Henry Williams III	5148 Ashley River Rd	<input type="checkbox"/> Add
		West Palm Bch, FL 33417	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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

Please [change] Address for person below:
MGR Amlak-I Foley 621 SW 29 Terr
Ft. Lauderdale, FL 33312

E. Effective date, if other than the date of filing: _____ (optional)

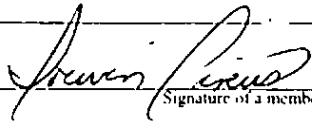
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated _____



Signature of a member or authorized representative of a member

Irwin Cinerus

Typed or printed name of signee