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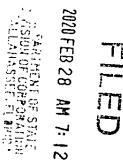
(Reque	estor's Name)	· . — _ —
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to Filin	ng Officer:	

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MAR 20 2020 S. YOUNG

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
BoJean L SUBJECT:	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert Vogel		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	
	2435 Swordfish Lane		
		Address	
	Edgewater, Florida 3214	1 1	
	bvogeljr@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Robert Vogel		386 427-4308	
Name	of Person	at ()Area Code Daytimo	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addra Registration Division of		Street Address: Registration Sec Division of Cor	
P.O. Box 63		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BoJEA	NLLC	
	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co Florida document number L20000051300	ompany were filed on 10/01/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
None		202
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L	
Enter new principal offices address, if applicable:	None	AHASSEE 28
(Principal office address MUST BE A STREET ADDR.	ESS)	- 480 A M
		70 1
		225 ··
Enter new mailing address, if applicable:		4EU 10
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ent	er the name of the new registered
Name of New Registered Agent: None		
New Registered Office Address:		
	Enter Florida street ada	Iress
		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 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
Mgr	Jean-Marta Vogel	2435 Swordfish Lane Edgewater, Fl. 32141	= Add
			Remove
			□Change
Mgr	Sheila Jean Getzels	13646 Legends Walk Terr Bradenton, FI.34202	🗃 Add
			□Remove
		-	□Change
			🗀 Add
		 	□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗖 Ad d
			Remove
			□ Change

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	01/01/2020
an effe ote:	(optional) ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecord is file	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 ed.
ited _	01/01/2020
	Robert L Vogel 6 02-25-2020 Signature of a mornber or authorized representative of a member
	Robert L. Vogel, Jr.
	Typed or printed name of signee

Filing Fee: \$25.00