L20000051525

(Danuaria da Marra)
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to rining Officer.

Office Use Only



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COVER LETTER

Div	ision of Cor			•
CAID IN CUP		RD PROPERTIES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		PHAEDRA T SAMUEL		
			Name of Person	·
		BOULEVARD PROPERT	TES LLC	
			Firm/Company	
PO BOX 207				
			Address	
		DE LEON SPRINGS FL	32130	
		· · · ·	City/State and Zip Code	
		PHAEDRA.SAMUEL@GN		
		E-mail address: (to be used for future annual report	t notification)
For further in	nformation c	oncerning this matter, please c	all:	
PHAEDRA	SAMUEL		386 804-021 at ()	
	Name o	f Person	Area Code Da	rytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25,00 F	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)
	iling Addres		Street Addres Revistration	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.C	D. Box 632	7	The Centre	of Tallahassee
Tal	llahassee, F	FL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303



Previously sent in Change to.

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2021

PHAEDRA T. SAMUEL P.O. BOX 207 DE LEON SPRINGS, FL 32130

SUBJECT: BOULEVARD PROPERTIES, LLC

7:43

Ref. Number: L20000051525

We have received your document for BOULEVARD PROPERTIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L99000009088 - B.P LIMITED LIABILITY COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00025475

Irene Albritton
Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

BOULEVARD PROPERTIES L	LC		
(Name of the Lir	nited Liability Compa	ny as it now appears on our records.) Liability Company)	
	(A Florida Limited I	Liability Company)	
ne Articles of Organization for this Limited	Linkility Communi	5154 0 03-15-2021	and assigned
	Liabinty Company	were med on	and assigned
orida document number L20000051525			52
nis amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liab	ility company here:	$\bigcirc 0$
THE GP Network	s LLC	•	
e new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	SAME OFFICERS	
rincipal office address MUST BE A STRE			•
rincipul office quaress MOST BE A STRE	<u>ET ADDRESS)</u>	•	
			
		a	
nter new mailing address, if applicable:		SAME ADDRESS	
failing address MAY BE A POST OFFIC	E BOX)		
			
If amending the registered agent and/or	registered office a	ddress on our records, enter th	name of the new register
ent and/or the new registered office addr	•	enter the	thank of the new registe.
7			
NI CNI IN LA	NO CHANGES		
Name of New Registered Agent:	NO CHANGES		
	NO CHANGES		
Name of New Registered Agent: New Registered Office Address:			
•			da

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>	Address	Type of Action
		NOT AMENDING	□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change

Page 2 of 3

		
(If an effect Note: If	e date, if other than the date of filing: 10/1/2021 (optional) tive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.	207 (3 I as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 00th day after the record is filed.	of:
Dated	TH DAY OF OCTOBER 2021	
Dated	Phadia J. Samuel	
_	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00