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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

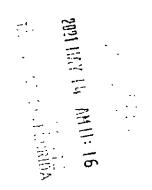
Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	BOA EVE	NTS LLC	: 	
SUBJE	CI:	Name of Lin	ited Liability Company	
		Amendment and fee(s) are sub		
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
17350 STATE HWY 249 STE 220				
			Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code M	
		E-mail address: (	to be used for future annual report notifi	Code  Innual report notification)  462-3453  Daytime Telephone Number  Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
For furti	ner information c	oncerning this matter, please c	all:	
LOVET	TE DOBSON		888 462-3453	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■ \$</b> 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Address	S:	Street Address:	via a

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOA EV	ENTS LLC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our recorded clability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compa	any were filed on 02/27/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	<b>~a</b>
SANTEL SERVICES LLC		20211
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		16 16
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
,	<del></del>	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street address	· <del>-</del>
	. Flo	rida
·	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>	Address	Type of Action
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fective date, if other than th	e date of filing:		(optional)	
an effective date is listed, the date mi ote: If the date inscrted in this b	ist be specific and cannot be prior to da clock does not meet the applicable	ite of filing or more than 90 di statutory filing requireme	iys after filing.) i	ill not be listed a
ocument's effective date on the I	Department of State's records.			
	ve date, but not an effective time,	at 12:01 a.m. on the earlie	r of: (b) The	90th day after the
is filed.				
, April 10	2021			
ated	,,			
	Intol			

Filing Fee: \$25.00