

L21000182870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK UP

WAIT

MAIL

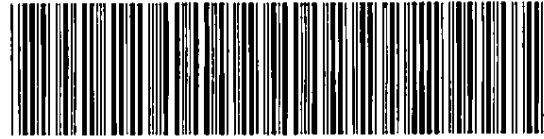
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY 12 PM 2:36
TALLAHASSEE, FLORIDA

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2021 MAY 12 PM 2:14
TALLAHASSEE, FLORIDA

MAY 1 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 808551 4331939
AUTHORIZATION : *Sybil Coleman*
COST LIMIT : \$ 60.00

ORDER DATE : May 11, 2021
ORDER TIME : 11:44 AM
ORDER NO. : 808551-005
CUSTOMER NO: 4331939

DOMESTIC AMENDMENT FILING

NAME: TT OF T. BOSTON, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TT OF T. BOSTON, 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:

ANGELINA RAFFO

Name of Person

AUTOMOTIVE MANAGEMENT SERVICES, INC.

Firm/Company

505 S. FLAGLER DRIVE, SUITE 1400

Address

WEST PALM BEACH, FLORIDA 33401

City/State and Zip Code

ARAFFO@AMSINET.COM

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

For further information concerning this matter, please call:

ANGELINA RAFFO

561

655-8900 X109

Name of Person

at ()

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

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

TT OF T. BOSTON, 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 APRIL 27, 2021 and assigned Florida document number L21000182870.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BOSTON PKWY AUTO, LLC

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:

1605 VFW PARKWAY

(Principal office address MUST BE A STREET ADDRESS)

WEST ROXBURY, MA 02132

Enter new mailing address, if applicable:

505 S. FLAGLER DRIVE, SUITE 1400

(Mailing address MAY BE A POST OFFICE BOX)

WEST PALM BEACH, FL 33401

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

