N17000000279

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BOCG SOWE OUR BEGINES, INC.
DOCUMENT NUMBER: N1700000279
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
OCHOICA ORAY (Name of Contact Person)
Boca Save our Beaches
951 Yamato Road Suite 280
Bora Raton, FL 33431
(City/ State and Zip Code)
gray & Opole (Corp. Com.) It-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
USSACA GRAM (Name of Contact Person) at 561 6133635 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

	ticles of Amendment to cles of Incorporation	C. MINOCI 29 AM 10: 83
Bora Saul ar Br	or ONON IN	C. MISCONES AND
(Name of Corporation as cur	rently filed with the Flori	da Dept. of State)
NM 000000279	7	18 232V
(Document Nu	mber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
nla		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	951 yan	rato Road
	Boca Roy	60V, FL 33431
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	951 Upn	rato Road
	Suite 2	<u> </u>
	Poca Rote	on, FL 33431
D. If amending the registered agent and/or registered o		nter the name of the
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent:	9	
		ridu street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
hereby accept the appointment as registered agent. I am		he obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example: X Change		<u>ı Doc</u>	
$\frac{X}{X}$ Remove $\frac{X}{X}$ Add		e Jones v Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D_	Jody Donne	425 NE 43Rd 87.
Add Remove		_	Bog Raton, FL 3343a
2) X Change	C	David Sergy	AND THE PROPERTY OF THE PARTY O
Add	_	usignis	BOOK FLESHOOT
3) Change Add		Michelle Graw	951 yamato Kd
Remove			Boa Ratan, FL 33431
4) X Change	<u>V</u>	Josse Patterson	951 Yamato Road
Add Remove			Boog Ratow, FL 3343
5) X Change	PSDTC	JESSACA GRALL	951 Varnato Road
Add Remove			Suite 230 Bora Paton FL 3342
6) Change			
Add			
Remove		p., 2£ £	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(, y	(m. c) cogo,			
	<u>.</u>			
				
	·-·			

The date of each amendment(s) adoption: 10/25/2018	, if other than the
late this document was signed.	
Effective date if applicable: 10/23/2018	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 10/23#8	
Signature MM MOUNT	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
7 h	
PUTC	
(Title of person signing)	