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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corpo							
SUBJECT: MyProjectoranps Intil LLC Name of Limited Liability Company							
Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspond	lence concerning this matter to the following:						
	Michael & New MM Name of Person MyProjector MyS Intil UC Firm/Company						
	Name of Person						
	Mytrojectorimps intil cuc						
	•						
	sate 250, 1000 Lincoln Rd.						
	Address						
	Mami Beach, F2 33139 City/State and Zip Code McMacl, New Memory Edvlands, com E-mail address: (to be used for future annual report notification)						
	City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
For further information con	cerning this matter, please call:						
Marie 1	No. 444						
Middael S Name of P	reson at BDS U24 9162 Area Code & Daytime Telephone Number						
	, , , , , , , , , , , , , , , , , , ,						
Enclosed is a check for the	following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 JUN 18 PM 1:59

my projetor lamps	international, LIC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number LI000017212	lity Company were filed on Follows.	M F 2010 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
Boon Tradition Compani	yille		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," (he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)	- Maria	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, <u>enter the name of the new</u>	
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florida street address		
<u></u>		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			AddRemove
	_		AddRemove
D. If an	nending any other infor	mation, enter change(s) here: (Attach additional sheets, if	SECUL DE LEU SERVICE SERVICE L'ASSIDIA DE L'
Dated	June 14th	Signature of a member or authorized representative of a member	
		Michael S Newwood Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00