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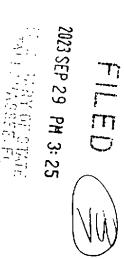
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	(Address)
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	(City/State/Zip/Phone #)
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COVER LETTER .

TO: Registration Se Division of Cor		÷	•
	MHOF AND VICK, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Arthur Vick		
		Name of Person	
		Firm/Company	
	1309 E. Hatton St.		
	B	Address	
	Pensacola, FL 32503	City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	ill:	
At Shu Name o	of Person	T at (F56 9 Area Code Daytim	8-2 1663 e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address:	ction
Division of (Corporations	Registration Se Division of Cor	porations
P.O. Box 632	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Bosso, Imhof and Vick, LLC		
(Name of the Limited Liability (A Florida I	(Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on November 25, 2019	and assigned
Florida document number L19000291613		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbrev	حت
Enter new principal offices address, if applicable:		S TI
(Principal office address MUST BE A STREET ADDRI	ESS)	29
		3 IT
	H.C.	<u>ω</u> Ο
Enter new mailing address, if applicable:		<u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name o</u>	f the new regist
Name of New Registered Agent:	THE STATE OF THE S	
New Registered Office Address:		·
	Enter Florida street address .	
Varia	, Florida	
	City	Zip Code

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
AMBR	Will Butler	1224 Dextar Avenue	□Adđ
		Pensacola, FL 32507	■Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Tective date, if other than the an effective date is listed, the date in ote: If the date inserted in this beament's effective date on the	DIVOR GOES HOLD	ice i une ammicar	o date of filing or ble statutory fi	r more than 90 day ling requirement	(optional) s after filing.) Pr s, this date wi	irswint to 605.0207 I not be listed as
record specifies a delayed effect is filed.	ive date, but not	an effective tim	ne, at 12:01 a.n	n, on the earlier	of: (b) The 9	0th day after the
nted	1	2023	_ •			
<u></u>	01.	/				
	Signature of a n	nember or authori	ized representati	ive of a member		<u></u>

Filing Fee: \$25.00