## L21000474194

<u> </u>			
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name)		
(Do	ocument Number)		
Certified Copies	_ Certificates of	Status	
Special Instructions to	Filing Officer.		
		J. HORN	ΪĪ
		J. HORN SEP 27	202
	Office Use Only		



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23 SEP 27 PM (2: 49

2023 SEP 27 PH 12: 59

## COVER LETTER

TO: Negistration Section Division of Corpo			
SUBJECT: BoJ	MNSON Girls Name of Limit	ed Liability Company	
	mendment and fee(s) are subn		
	Felecia L Bo Johnso Military O	Name of Person Pelirls  MSUHING LLC Firm/Company	
	3550 Espla	nude Way #7:	207
		FLonda 3231 City/State and Zip Code 1981@ bo johns o be used for future annual Aport notifi	
For further information cor	ncerning this matter, please ca	all:	
Felecia L. S	Person	at ( <b>832</b> ) 316- Area Code Daytime	747C Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street Address:	

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

FILED

	23 SEP 27 PM 12: 49
Bo Johnson Girls, LLC (Name of the Limited Liability Company)	iv as it now appears on our records.) ALL ARANGE LORIDA
(A Florida Lunited L	iability Company)
The Articles of Organization for this Limited Liability Company Torida document number <u>L21000474194</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Bo Johnson Girls Military Corne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	3550 Esplanade Way #7207 Tallahassee, FL 32311
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	2241 North Monroe Street#1118 Tallahassee, Florida 32303
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zin Code
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agrown provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cha	inging 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 = M	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□∧dd
			□Remove
			□Change
			□Add ·
			Remove
			□Change
	1		□Add
			□Remove

\_\_\_\_\_ □Change

□Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
If the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	9/27/2023  Fellow a  Signature of a member or authorized representative of a member
	Fellera D  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee