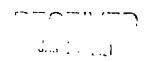
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Co	rporations						
100000							
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
	Rousseau Bianca						
		Name of Person	-				
		Firm/Company					
	6006 Red Plum Court						
	Address						
	Tamarac FL 33321						
		City/State and Zip Code					
	sofloboxers@gmail.com						
	E-mail address: (to be used for future annual report not	ification)				
For further information of	concerning this matter, please c	all:					
Bianca Rousseau		305 343-6702 at ()					
Name o	of Person	Area Code Daytin	ne Telephone Number				
Enclosed is a check for t	the following amount:						
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:					
Registration		Registration Se					
Division of C P.O. Box 632	-	Division of Co The Centre of	•				
Tallahassee,			be Street, Suite 810				
	·	Tallahassee, FI					

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

100000	
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Co	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 12/18/2020 and assigned
Florida document number L20000396112	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
B for Boxers LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	77
	——————————————————————————————————————
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	PH ::
	
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, <u>enter the name of the new regi</u> s
Name of New Registered Agent:	_ _
New Registered Office Address:	
E	nter Florida street address
	, 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>	<u>Address</u>	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
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an effecti ote: If	e date, if other tive date is listed, the date inserte t's effective dat	the date mus d in this ble	t be specific ar ock does not	nd cannot be meet the ap	plicable stat		than 90 days afte		
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	nuary 5 Bianca Rouss	/ PS-N CP	Signature of a	member or	authorized rep	resentative of a	member		