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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	amily LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Merritt A. Gardner		
		Name of Person	
	Gardner Law Firm		
	-	Firm/Company	<u>.</u>
	4950 W. Kennedy Bouleva	ard, Ste. 600	
		Address	
	Tampa, Florida 33609		
		City/State and Zip Code	
	mgardner@magardner.com	to be used for future annual rep	
For further information o	concerning this matter, please c		on mone anony
Merritt A. Gardner		813 288-9	9600
Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Addı</u> Registrati	ress: on Section
Division of C	Corporations	Division of	of Corporations
P.O. Box 632	27	The Centr	re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Borasch Family LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our record Liability Company)	ds.)
he Articles of Organization for this Limited Liability Company	were filed on 12/22/2011	and assigned
orida document number L11000143523		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	804 Oak Park Place	
Principal office address MUST BE A STREET ADDRESS)	Brandon, Florida 33511	
nter new mailing address, if applicable:	804 Oak Park Place	
Mailing address MAY BE A POST OFFICE BOX)	Brandon, Florida 33511	
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	ជ	lorida
· 	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 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
		· · · · · · · · · · · · · · · · · · ·	
			☐Remove
			Change
			[]Add
			□Remove
			Change
			□Add
			[]Remove
			□Add
			□Remove
			Change
			□Add
		□Remove	
			Change
			□Add
			□Remove

(If an e Note:	tive date, if other than the date of filing:
he reco ord is f	ord 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 filed.
Dated	11/4/2024 . 2024 .
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00