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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Boss Industries Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Alvarez Name of Person
Boss Industries Firm/Company
2051 Mockingbird lance
North Palm Beach 33408 City/State and Zip Code Pill Colon John Beach 33408
E-mail address: (to belused for future Innual report notification)
For further information concerning this matter, please call:
Chylstopher Alvarez at (305) 506 5257 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tailahassee, 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

Boas Industries L	LC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 12000 1298 </u> .	were filed on 10/1/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile Bill High Republic The new name must be distinguishable and contain the words Limited Liabili	LLC	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2051 Mackingbird North Palm beat, Flo	lane rida 33408
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		iter the name of the new
Name of New Registered Agent:		- 111 - 111
New Registered Office Address:	Enter Florida street address	THE STATE OF THE S
	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

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or lote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier of
pated 50pt 8 2015 , 2015 .	

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Filing Fee: \$25.00