

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Boomboo Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



600440542726

600440542726 01/08/25--01001--020 **30.00

COVER LETTER

_
_
_
MOSICOM
nber
0 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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

(Name of the Limited Lability Company a		. , ,			
The Articles of Organization for this Limited Liability Company were filed on					
Florida document number					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company here:				
he new name must be distinguishable and contain the words "Limited Liability C	Company." the designation "LLC" or the abb	reviation "L.L.C."			
Inter new principal offices address, if applicable:		2025			
Principal office address MUST BE A STREET ADDRESS)	\$75 \$ \$7 \$7 	<u> </u>			
_	77. L				
	ANASSET ASSET	о Пр [1]			
nter new mailing address, if applicable:	Files	PH D			
Mailing address MAY BE A POST OFFICE BOX)	<u>1</u> 1				
_	r-	<u>,</u> u			
 If amending the registered agent and/or registered office addigent and/or the new registered office address here: 	ress on our records, <u>enter the name</u>	of the new regist			
gen and we the tegeneral matter than the					
Name of New Registered Agent:					
New Registered Office Address:					
Assa registered Office Address.	Enter Florida street address				
	, Florida				
	Cuy	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 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
	Jethro clawapoAt	710 Belveder rd	🗆 Add
	·	710 Belveder rd West Palm Banch, & J	W Likemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	-	-					
	- 	-					
 							
	 						
		<u></u>					
							
_							
							
							
						-	
							
ote: If the date	f other than the distinct the date must be inserted in this blockive date on the Dep	k does not mee	et the applicabl	date of filing or m le statutory filin	ore than 90 days g requirements	optional) after filing.) Purs , this date will i	uant to 605.0207 not be listed as
record specifies I is filed.	a delayed effective o	date, but not an	i effective time	e, at 12:01 a.m. o	on the earlier o	f: (b) The 90t	h day after the
ated <u>O</u>	8,2025	<u>2</u> · ·					
-	` `		/ ^				
	<u>Jany</u>	ignature of a mer	mort or authoriz	red representative	of a member		

Filing Fee: \$25.00