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COVER LETTER

Division of Cor	porations	e		
SUBJECT:	BOSSHATZ	HER LLC		
30b,jec1.	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ĕ	ERIC TURNER		
		Name of Person		
Firm/Company				
	1883 Garfi	seld Ave. NW		
		Address		
	Grand	Rapids , MI 495 City/State and Zip Code	04	
	seven - 7	City/State and Zip Code		
	E-mail address: (1	urner@gmail.com to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca			
	TURNER	at (616) 319 Area Code Daytime	7 - 1025	
Name o	f Person	Area Code Dayume	receptione Nutroet	
Enclosed is a check for the	•			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

1305	ISHATCHER LLC	
(Name of the Limited	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number L150000 553	pility Company were filed on03	/30/2015 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
	ER CONSULTING LL	—
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		6
		16 NOV
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the mame of the new
registered agent and/or the new registered only	ce address here;	77 ≥ 77:
Name of New Registered Agent:		LORDIN RELEASE
New Registered Office Address:		.s. G
	Enter Florida s	reet address
		, Florida
	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

Ut Temoveu (FOIII out Tecorus)

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
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an effective date is listed, the date must be specific and content of the date inserted in this block does not medicument's effective date on the Department of Structure of the Department of the Depar	cannot be prior to eet the applicab		ore than 90 days afte	r filing.)		
e record specifies a delayed effective da The 90th day after the record is filed.	ate, but not a	an effective ti	me, at 12:01	a.m. c	n the	earlier of
nted November 13,	2016	. •				
Ga-	1.	Z				
Signature of a mo	ember or authoriz	ed representative	of a member			_ _
ERIC	5.	TURNER				
	Typed or printed					

Page 3 of 3

Filing Fee: \$25.00