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2019 AUS -8 PM 6: 43

C. GOLDEN AUG 1 3 2019

## **COVER LETTER**

Division of Corp				
SUBJECT:	ossbridge L Name of Lim	L C ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Donovan	Pet d Name of Person		
	Boss	Soridse, LLC Fint Company		
	8863 NW 18	O terrace Address		··
	- Miami	City/State and Zip Code		
	Bossbridge E-mail address (1	11 C @ gmail o be used for future annual r	· ( C LV )	
For further information co	ncerning this matter, please ca			
Dono vo v	Reid	at ( <u>786</u> ) Area Code	9730	583
Name of	rerson	Area Code	Daytime Teleph	ione Number
Enclosed is a check for the	e following amount:			
S25.00 Filing Fee	□ \$30.00 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)

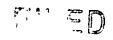
MAILING ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Bossbridge	LLC	2019 AUG - 8 PM 6: 43
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 6 - 24 - 16	and assigned
Florida document number L16000121473		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>en</u> s <u>s here</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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

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
AMBR	Jacqueline Shields	8863 NW 180 <sup>th</sup> Fer 53018	_ <b>⊠</b> Add
			Remove
		<u></u>	Change
			🗆 Add
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n effe <u>te:</u> I	ve date, if other than the date of filing:
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ed _	August 3 . 2019.
	Signature of a member of authorized representative of a member
	Donovan Peid Typed or printed name of signee

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Filing Fee: \$25.00