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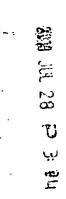
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## COVER LETTER

Division of Corporations **BOUNDLASS HOLDINGS LLC** SUBJECT: 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: Walter Stocker Name of Person Biz Accountants Firm/Company 1070 W Horizon Ridge Pkwy Ste 111 Address Henderson, NV 89012 City/State and Zip Code hizaccountants@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Walter Stocker 480-4341 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### BOUNDLASS HOLDINGS LLC

	DOGNOLASS HOLDINGS LLC	
( <u>Name of the Limi</u>	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.) JUL 28 7 3: \$4
The Articles of Organization for this Limited I Florida document number L16000132167	iability Company were filed on	7/13/2016 and assigne
This amendment is submitted to amend the following	lowing:	
A. If amending name, <u>enter the new name (</u>	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE		
	<del></del>	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of t
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da 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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 aniending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	MIKE NIXON	PO BOX 92222	Add
		HENDERSON, NV 89002	Remove
MGR MICHAEL ROHLAND	MICHAEL ROHLAND	1070 W Horizon Ridge Pkwy S	Ste I ■ ■ Add
		Henderson, NV 89012	Remove
			Change
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(If an effective date Note: If the dat	if other than the date of the is listed, the date must be specifice inserted in this block does need the date on the Department	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 not meet the applicable statutory filing requirements, this date will not be listed a
document 3 cm	cerve date on the Department	Of Male 3 records.
If the record spe (b) The 90th da	ecifies a delayed effective ay after the record is file	ve date, but not an effective time, at $12{:}01$ a.m. on the earlier $\alpha$
Dated	JUNE 24	2019
	MA	
	Signature	of a member or authorized representative of a member
		WALTER STOCKER
<del></del>		Typed or printed name of signee

• D. Hamending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00