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COVER LETTER

TO: Registration So Division of Con				
SUBJECT: Bada Boon	n Guns, LLC			
<u></u>	Name of Lin	nited Liability Company	· <u></u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Neil Seidman			
		Name of Person		
	Bada Boom Guns, LLC			
		Firm/Company		
215 S. Olive Ave, Suite 107				
		Address		
West Palm Beach, Florida 33401				1. 50
	(2)	City/State and Zip Code		
	nseidman@jhu.edu E-mail address: (to be used for future annual report notif	ication)	PHASS
For further information c	oncerning this matter, please c	all:		
: Neil Seidman		561 632-8426		Ö 53.2
Name o	f Person		Telephone Number	a , 20
Enclosed is a check for the	ne following amount:			
■ \$25.00 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 Stat Certified Copy (additional copy is en	tus &

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

BADA BOOM GUNS, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on AUGUST 29, 2016	and assigned
Florida document number L16000162099		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
TWO BROOKLYNITES, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	<u></u>
		- Fig.
Enter new mailing address, if applicable:		AHA AHA
(Mailing address MAY BE A POST OFFICE BOX)		10 DAD
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B. If amending the registered agent and/or regist		r 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

MGR = N $AMBR = N$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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fective date, if other the neffective date is listed, the ote: If the date inserted is cument's effective date of the date of	n this block does not me	eet the applicable s	of filing or more the atutory filing requ	(optional n 90 days after filing irements, this date) g.) Pursuant to 605 will not be list	5,020 ed a:
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Typed or printed name of signee

Filing Fee: \$25.00