L16000 204554

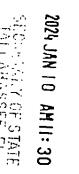
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COVER LETTER

TO: Registration So Division of Cor			
COR LEG PROPERTY	TSING USA LLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sylvain Faber		
		Name of Person	
		Firm/Company	
	585 NW 95 TER		
		Address	
	MIAMI, FL 33150		
	admin@bold.promo	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Sylvain Faber		305 364-5805 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Status & Certified Copy (additional 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

EYEVERTISING USA LLC		
(Name of the Limited Lis (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000204554	ty Company were filed on 11/07/2016	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Bold Promo LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LI.C" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		ZOZ4 JAN IO A
B. If amending the registered agent and/or regist agent and/or the new registered office address her		name of thomew registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City . FIOTILE	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
			□Add
			Remove
			□Change
			□ ∧dd
			Change
			□Add
			□Remove
			□ Change
			
			□Remove
			□ Change
			bbA
			□Remove
			Change
			□Remove
			□ Change

. If amending an	y other information, enter	change(s) here: (A	Attach additional :	sheets, if necessar	v.)
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(If an effective date i Note: If the date	if other than the date of filist is listed, the date must be specific a inserted in this block does not tive date on the Department of	nd cannot be prior to da t meet the applicable	te of filing or more th statutory filing req	(optional) an 90 days after filing uirements, this date) Pursuant to 605.0207 (3)
the record specifies cord is filed.	a delayed effective date, but n	ot an effective time.	at 12:01 a.m. on the	e earlier of: (b) Th	e 90th day after the
Dated January 1:	ii	2024			
	Signature of	a member or authorized	I representative of a r	nember	
Svlva	<i>U</i> in Faber				
		Typed or printed na	me of signee		

Filing Fee: \$25.00