L16000208735

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
	(Document Number)	
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COVER LETTER

Division of Cor			
BOOME	RANGZ LLC		
50bjEC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARSHA SIHA		
		Name of Person	
	INCFILE.COM LLC		
	-	Firm/Company	
	17350 STATE HWY	249 SUITE 220	
		Address	
	HOUSTON TX 7706	64	
		City/State and Zip Code	
	MARSHA@INCFILE E-mail address: (.COM to be used for future annual report notif	ication)
For further information o	concerning this matter, please c		
MARSHA SIHA		888 462-3453	
Name o	of Person	Area Code Daytime	· 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)
	ING ADDRESS:	STREET/COURI Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOOMERANGZ LLC	<u> </u>	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000208735</u> .	were filed on 11/14/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5903 Caymus Loop	
(Principal office address MUST BE A STREET ADDRESS)	Windermere, Florida 34786	1310H CF 19
		— 3 5 T
Enter new mailing address, if applicable:	5903 Caymus Loop	PH 1: 36
(Mailing address MAY BE A POST OFFICE BOX)	Windermere, Florida 34786	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

inager ithorized Member		
Name	Address	Type of Action
		Add
		Remove
		Add
		Remove
		□ Remove
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		□ Kemay
		□ Remove
		Add
		Remove
	ithorized Member	Name Address

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date this document is filed by the Florida Department of State) JULY 15 2017			
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	ctive date, if other than the da	te of filing:	(optional)
			than 90 days after
JUSTIN VIANELLO - MBR	date this document is filed by the Florid	a Department of State)	than 90 days after
	date this document is filed by the Florid JULY 15	a Department of State) 2017	han 90 days after
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