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FILED
2022 MAR 18 PM 4: 05
SECRETARY OF STATE

A. BUTLER APR 0 1 2022

COVER LETTER

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TO: Registration : Division of Co			
	. Holdings LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Sarah Huber		
		Name of Person	
	Boyd Management LLC		
		Firm/Company	
	1085 W. Morse Blvd, Suit	e 120	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Winter Park, FL 32789		
		City/State and Zip Code	
	shuber@boydmanagementl E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Sarah Huber		407 775-6433 ext 3	3010
		Telephone Number	
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

2022 MAR 18 PM 4: 06 KSSCDK Holdings LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE TALL AHASSEE, FL.

The Articles of Organization for this Limited Liability Company were filed on 12/06/2016 and assigned Florida document number $\frac{1.16000220823}{1.16000220823}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Boyd Holdings, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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
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