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(Requ	uestor's Name)	
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COVER LETTER

	BOYS STABLE LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	`Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	MARSHA SIHA				
		Name of Person			
	INCFILE.COM LLC				
		Firm/Company			
	17350 STATE HWY 249 S	SUITE 220			
		Address			
	HOUSTON TX 77064				
		City/State and Zip Code			1 ≥0,
	EFILE1234@INCFILE.CO			<i>و.</i> د:	95
		o be used for future annual report notification	ın)	<u>=</u>	수면 위로
For further information of	concerning this matter, please ca	ill:		5	20.00
MARSHA SIHA		855 829-9090		PH 12:	- 경우 S - 유 S
Name (of Person	at () Area Code Daytime Tele	phone Number	(3) (3)	TATE HS
Enclosed is a check for t	he following amount:				Ο,
□ \$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 State Certified Copy (additional copy is enc		

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

SHEA D BOYS		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000030318	were filed on 02/07/2017	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 contain the words "Limited Liabi	lity Company," the designation "ELC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	59 COLONY RD	
(Principal office address MUST BE A STREET ADDRESS)	JUPITER, FL 33469	
Enter new mailing address, if applicable:	59 COLONY RD	9 8 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6
(Mailing address MAY BE A POST OFFICE BOX)	JUPITER, FL 33469	10 PH (87)05 (10,000)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· —	12: 3 RATATION 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DENNIS SHEA, JR.	59 COLONY RD	
		JUPITER, FL 33469	☐ Remove
			☑ Change
			Remove
			Change
		 	□ Remove
			Change
			□ Remove
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Mastina data if ather than the	-l-4				
Effective date, if other than the effective date is listed, the date must Note: If the date inserted in this bloom	be specific and cannot	я be prior to date of ne applicable statu	tiling or more than 90 story filing requirem	(optional) days after filing.) Pursuant ents, this date will not b	to 605.0207 (e listed as t
document's effective date on the De	partment of State's	records.			
e record specifies a delayed The 90th day after the reco	effective date,	but not an eff	ective time, at 1	$12:01$ a.m. on the ϵ	earlier of:
The sour day area the rece	is med.				
Dated MAY 20	201	19			
7.Incu	·				
Dennies S	heals				
	Signature of a member	r or authorized repr	esentative of a member	ध	_

Page 3 of 3

Filing Fee: \$25.00