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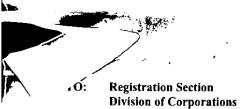




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COVER LETTER

SUBJECT:	Attaboys Mansport CCC, Name of Limited Liability Company		
	Name of Limited Liability Company	•	
The enclosed Articles of Amen-	ndment and fee(s) are submitted for filing.		
Please return all correspondence	ce concerning this matter to the following:		
	CHRISTORHER BAKTER Name of Person		
	Name of Person	_	
	Attaboys LLC-		
_	Firm/Company		
	4718 Bloom DR.		
		- N3	
	Punt City L 33 Seb City/State and Zip Code	2011 APR 26	-71
_	City/State and Zip Code	3	Collection was
	E-mail address: (to be used for future annual report notification)	26 8882	# males
D	,	P 1: 5:	Ë
For further information concern	•	CRIT T	
CHM S BA	on at $(8/3)$ 230 - 0660 Daytime Telephone Number	100 CO	
Name of Perso	Arca Code Daytime Telephone Number	er	
Enclosed is a check for the follo	owing amount:		
\$25.00 Filing Fee	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie	ate of Status &	

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

Attaboys T (Name of the Limited Liabil (A Florid	FRANSPORT .	LLC.			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now a Limited Liability Com	appears on our i pany)	ecords.)		
The Articles of Organization for this Limited Liability (Florida document number	Company were filed	on	4-17	_ and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim AHaboys LLC.					
The new name must be distinguishable and contain the words "Lin	nited Liability Company,	" the designation	"LLC" or the abbre	viation "L.I	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Entra Train	2018 HPR 26 F	Carrent Carren
B. If amending the registered agent and/or registered agent and/or the new registered office add		ess on our re	cords, enter-the	name (of the new
Name of New Registered Agent:					
New Registered Office Address:	En	ter Florida street	address		
	S.A.				
	City		, Florida	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 **Type of Action** <u>Address</u> Title Name _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change _□ Add □ Remove Change: خخت Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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	15. GO	_
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective for the record is filed.	ve time, at 12:01 a.m. on the earl	lier of
ted Apr. 24, 2018.		
Signature of a/member or authorized represent	lative of a member	

Page 3 of 3

Filing Fee: \$25.00