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SELRETARY OF STATE

20日 AFR 19 AM 10: 22

2018 APR 19 AM 10: 12

M. MILLIGAN APR 19 2018

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Mr. 7 Hot Name of Limit	Boiled Hope	outs, LLC
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Sere River	5
		Firm/Company	
	160	Sipes Ave	
	San	Gord, PC3237	
	E-mail address: (0	7-hbpcanutsC	Cincil: Com Vation)
For further information	concerning this matter, please ca	il:	
Elgent Name	of Person	at (850) 693 Daytime	9890 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 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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AND APR 19 AH 10: 22

The Articles of Organization for this Limited Liability Company were filed on OU/IG) 18 and assigned Florida document number A1700059646.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

The new name of the Limited Liability Company, "the designation "LLC" or the abbreviation "LLC."

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

T(A) (abusSee, F(38303)

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: Eugline Sives

New Registered Office Address: 1700 N. monce St. #190

Finter Flavida street address

Tallahasee Florida 32303

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.

It 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
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