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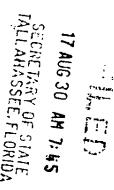
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| SUBJECT: IBO | ost Lle | | |
|----------------------------|---|--|---|
| - | 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: | |
| | FARE | Name of Person | |
| | | Firm/Company | |
| | 6611 | PERRY ST. | |
| | . (| Address | |
| | HOLLYWOO | City/State and Zip Code Ld 69@ Ool. Com to be used for future annual report notifi | |
| | 10 | City/State and Zip Code | |
| | E-mail address: (1 | to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please co | | |
| FAREE Name o | ALI Person | at (347) 612 - Area Code Daytime | - 80 25 Telephone Number |
| Enclosed is a check for th | ne 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) |
| | | | |

TO:

Registration Section Division of Corporations

> 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

| TBOOST LLC |
|--|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on 7/6/3017 and assigned Florida document number 1/7000144873 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: Carlor Ca |
| 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 part 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 |
| 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> | Name | Address | Type of Action |
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| fan effective date is listed, th <u>Note:</u> If the date insorted document's effective date | in this block does no | t meet the applical | date of filing or more ole statutory filing re | than 90 days after blu equirements, this da | ig.) Pursuant to 605.03 te will not be listed | 207 (3 as the |
| exemient serieuve date | on the Department o | i state s records. | | | | |
| e record specifies a The 90th day after | delayed effective | date, but not | an effective tim | e, at 12:01 a.m | . on the earlier | of: |
| Δ . | | u. | | | | |
| Dated Highest | 24 | <u>2017</u> | _ · _ i | | | |
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Filing Fee: \$25.00