L17000 145972

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ÖOVER LETTER

TO: Registration Section Division of Corpora			
The Boat	y Bor Ta	Mahasser LLC	
SUBJECT: DOGG	Name of Limi	ted Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subt	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
-	Tifleny L	Name of Person	
	·		<u> </u>
	UA7 8 C	Firm/Company Address Address City/State and Zip Code When belleviers	[#] 221
	107 6 6	Address	
	Tallahasse	, FL 32301	
,	01 60	City/State and Zip Code	alian 1
	Hu Bon. t E-mail address:	(10 be used for future annual report notific:	ation)
For further information conc	erning this matter, please o	ail:	1 -
Tiffam Li	HE	at (550) 578. C	0819
Name of Pe	rson	Area Code Daytime	Celephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ster Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Bearty Bow Tal	11. by mes 110	
	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L17000</u> /45972	e filed on 67/07 2017 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words. Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) [] []	119-10 a Greorge Street	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	119-10 & Greorgia Street Tallahasse, FT: 32301 e address on our records, enter the name of the 1	nev
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address 00.3 co	-T
	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provident filed to merely reflect a change in the registered office additionally that been notified in writing of this change.	to act in this capacity. I further agree to comply with irformance of my duties, and I am familiar with and ivided for in Chapter 605, F.S. Or, if this document is	

Page 1 of 3

or removed	I from our récords:		
MGR = M AMBR = A	flanager Authorized Member	·	
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 Hame	ending any other information, enter ch	nange(s) here: (Attach additional sheets, if neces	sary.)
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Effec	tive date, if other than the date of filir	ng: (opti	onal)
If an e Note:	Tective date is listed, the date must be specific an	meet the applicable statutory filing requirements, thi	1111118.71 4134411110 003.0201 (3)(1
	cord specifies a delayed effective e 90th day after the record is filed	date, but not an effective time, at 12:01	a.m. on the earlier of:
Date	9.18.2017		
	1.11		20
	Signature of	a member or authorized representative of a member	2017 SE
	manger		TAX AXX
		Typed or printed name of signee	
		Page 3 of 3	12:49 Taker
		Filing Fee: \$25.00	