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ALLAHASSE OF STATE

O RRUCE AUG 17 2017

## **COVER LETTER**

Division of Corp				
SUBJECT: BOOL	EthicS, LLC Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Janie	Name of Person		
	body E	HiCS Firm/Company	2017 AUG SECAL I TALLAHA	_
	-2554 Eb	Notes Address	3388 8388 1-6	<u></u>
	Jacksonil	City/State and Zip Code	TE TO THE	
	MOSTOGE (a. Fmail-eddress (1	boby ethics ox to be used for future annual report notif	rication)	
For further information co	oncerning this matter, please ea	M:		
Janie 1 Name of	<u>Groben</u>	at (904) 401-0 Area Code Daytime	439 e Telephone Number	
Enclosed is a check for th	e 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)	
Registra Division P.O. Bo	NG ADDRESS: ntion Section n of Corporations x 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 Florida document number 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 "L.C." or the abbreviation "L.L.C." 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 name 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 , Florida

## 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.

City

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						
<u>Title</u>	Name	Address	Type of Action			
MGR	Janiel Graham	2554 Ebersol Rd.	DAdd			
		2554 Ebessol Rd. Jacksonville, Fl. 32216	Remove			
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`an effective d Note: If the o	te, if other than t late is listed, the date r date inserted in this ffective date on the	nust be specific and block does not r	d cannot be prior neet the applic	able statutory filii	nore than 90 days	ptional) after filing.) F	tursuant to	605.0207 ( listed as t
e record s The 90th	pecifies a delay day after the r	ed effective of ecord is filed.	date, but no	t an effective	time, at 12:0	01 a.m. or	n the ea	ırlier of:
Pated AU	get 11	aviv L	- 2017 - Inl	 Mu				
<del></del> -		Signature of a	member or auth	orized representativ	e of a member			-
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Page 3 of 3

Filing Fee: \$25.00