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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bosink, Brandt & Brandt, Attores of at Name of Limited Liability Company (Av, LLC.	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Arthur Broadt Name of Person	
Bystaki, Broudt + Brandt Attorneys Firm/Company at Car	~
SY9TS. US 1	((
Port St. Lucic FC 34952 City/State and Zip Code	
A-To- W BB LEGAE. C = M E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Baginki, Brendt JBr	of Attony	, at law	, LCC
	Liability Company as it now app Florida Limited Liability Company		
The Articles of Organization for this Limited Liab Florida document number <u>L 1 7006 22</u>	ility Company were filed on	10/3///7	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the Board Ski Brand The new name and still be distinguishable and contain the work	+ & Brane	dt. LLC	abbreviation "ITL.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		4:32
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address e address here:	on our records, ente	er the name of the new
Name of New Registered Algent:			
New Registered Office Address:	Enter :	Florida street address	
	City	, Florida _	Tin Cod.
N. B. M. L. C.	c ny		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 <u>Title</u> <u>Address</u> Type of Action <u>Name</u> □ Add _□ Change _□ Add _□ Remove ☐ Change □ Remové 32 __ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

								
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Filing Fee: \$25.00