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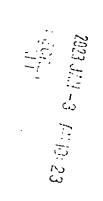
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COVER LETTER

1 .	istration Se ision of Cor			•		
SUBJECT:	Bossi Beha	vior LLC				
SUBJECT:	<u>. </u>	Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	indence concerning this matter	to the following:			
		Aungela Lewis				
			Name of Person		-	
			Firm/Company		·	7.
		4404 John Bell Jr Dr			7	2013 J.M
			Address		- :	ء.: دا دا
		Tampa, FL 33610				(C)
	City/State and Zip Code				•	<u>:</u>
		2bossille@gmail.com	to be used for future annual report not	(Continu)		23
For further is	iformation c	e-mail address: (oncerning this matter, please ca		nication)		
Aungela Le	wis		813 361-9571			
	Name o	f Person	Area Code Daytin	ne Telephone Number	r	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Stan	
	iling Addres		<u>Street Address:</u> Registration Se	ection		
	_	Corporations	Division of Co			
P.C). Box 632	.7	The Centre of			
Tai	llahassee, l	FL 32314	2415 N. Monro	be Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bossi Behavior LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company))
The Articles of Organization for this Limited Liability Compa	any were filed on 12/04/2017	and assigned
forida document number 1.17000248141		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
2Bossi LLC		
he new name must be distinguishable and contain the words "Limited L	izbility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	9	7.00
	· /=	1
		∪
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ce address on our records, <u>enter t</u> l	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Construction of the	
	Enter Florida street address	
	, Flor	ida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			🗆 Add
		 	_
			□Change
			□Add
			□Remove
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		:	☐ ☐ Add ☐ Remove ☐ Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.02
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	l a.m. on the earlier of: (b) The 90th day after th
ed 12/28/2022	

Filing Fee: \$25.00