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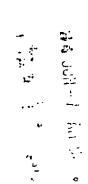
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COVER LETTER

TO:	Registration Se Division of Cor			,
	3 BOYS F	ARM LLC		- শৃস্
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	* : 한 : 한 : 한 : 한 : 한 : 한 : 한 : 한 : 한 :
Please	return all correspo	indence concerning this matter	to the following:	1
		Michael Bondurant		ř.
			Name of Person	
		1112 N. Flagler Drive	Firm/Company	
		Fort Lauderdale, FL 3330	Address	
		commbondlye@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Mich	ael Bondurant		954 527-4111	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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)

MAILING ADDRESS:

TO:

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

TO ARTICLES OF ORGANIZATION **OF**

,	10	
ARTICLES	S OF ORGANIZATION	%
	OF	
3 BOYS FARM LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	sited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	- TRY	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Matting utairess MAT DE A FOST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title COO	Name Michael Bondurant	Address 2300 E Las Olas Blvd	Type of Action
		Fort Lauderdale, FL 33301	
			Remove
		-	Change
			□ Remove
			Change
			□ Remove
			Change
			Add
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			□ Change

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Effective date, if other than t	he date of filing:(optional)
If an effective date is listed, the date i	he date of filing: (optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note: If the date inserted in this	block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the	Department of State's records.
ne record specifies a delay	ved effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the r	
	2010
June 3 Dated	2019
)ated	
_	
	Signature of a member or authorized representative of a member
	/ engineered a member of authorized representative of a member
Brady Cobb	
<u> </u>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00