## L18000050979

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(Ad	dress)	
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<b>(</b> **	<b>,</b>	
(City	y/State/Zip/Phone	#)
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(Bu:	siness Entity Name	e)
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(Do	cument Number)	
Certified Copies	Certificates of	of Status
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## **COVER LETTER**

	Registrat Division (		ction porations			
SUBJEC	T. Boss	Alert E	intertainment LLC			
SOPIEC	1:		Name of Lim	ited Liability Company		
The enclo	sed Artic	les of A	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all co	rrespor	ndence concerning this matter	to the following:		
				Jocelyn C, Authorized	d Representativ	/e
				Name of Person		
				Firm/Company	· · · · · · · · · · · · · · · · · · ·	<del></del>
			PO BOX 1342			
				Address		
			Mary Esther, FI 32569			
				City/State and Zip Code		
			Info@phgaglobal.com			
				to be used for future annual rep	port notification)	
For furthe	er informa	ation co	oncerning this matter, please c	all:		
Jocelyn C	C ( Author	ized Re	epresentative)	at (		
	Ŋ	lame of	Person	at () Area Code	Daytime Teleph	one Number
Enclosed	is a checl	c for the	e following amount:			
money attack	00 Filing 1 order 1ed equested		☐ \$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)
_	<u>Mailing A</u> Registra			<b>∦ <u>Street Add</u></b> Registrati	ress:	
	_		orporations	_	of Corporation	ons
]	P.O. Bo	x 6327	7		re of Tallaha	
•	Tallahas	see, F	1. 32314	2415 N. N	Monroe Stree	et, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boss Alert Entertainment LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our reclability Company)	ords.)
The Articles of Organization for this Limited Li	ability Company	were filed on 02/26/18	and assigned
Florida document number L18000050979	·		
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the w	ords "Limited Liabi	ity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	N/A	<del>.</del>
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 ragent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			
			<del></del>
			<i>:</i>
Enter new mailing address, if applicable:		N/A	<u>.</u>
Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>		
			····
		address on our records, <u>ent</u>	ter the name of the new registe
	<del></del>		
Name of New Registered Agent:	NA		
New Registered Office Address:			
If amending the registered agent and/or and/or the new registered office address Name of New Registered Agent:		Enter Florida street add	tress
	<del></del>		Florida
Articles of Organization for this Limited Liabilist da document number L18000050979  amendment is submitted to amend the following of amending name, enter the new name of the GA GLOBAL LLC ew name must be distinguishable and contain the words for new principal offices address, if applicable acipal office address MUST BE A STREET All the rew mailing address, if applicable and address MAY BE A POST OFFICE BOX of amending the registered agent and/or register and/or the new registered office address he had not been recommended by the registered office address he was a submitted to amend the following and the submitted to amend the words of a submitted to amend the words of the submitted to amend the words of the submitted to amend the following and the submitted to amend the following amendment is submitted to amend the following amendment is submitted to amend the following amendment is submitted to amend the following amendment in the words of the submitted to amend the following amendment is submitted to amend the follo		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 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>Name</u>	Address	Type of Action
\			□Add
			□Remove
		***************************************	□Change
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record specifies a delayed	effective date, bu	t not an effective	time, at 12:01	a.m. on the ear	dier of: (b)	The 90th day after	the
is filed.							
Oth of January		2024					
ated 8th of January		<del></del>	·				
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