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PICK-UP	☐ WAIT	MAIL
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MAY 20 2019 S. YOUNG



## COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	Boosted Beans, LLC	
000		ne of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
Andre	ew S Wilson	
	Name of Person	
	Firm/Company	
2701	N Rocky Point Dr Suite 175	
	Address	
Tamp	oa, FL 33607	
	City/State and Zip Code	
andy	@quietprofessionalsllc.com	
	E-mail address: (to be used for future ann	nual report notification)
For fu	rther information concerning this matter,	, please call:
Cindy	Wilson	727 4880035
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	<b>☑</b> \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHSI	8 (2/14)	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u> )	
The Articles of Organization for this Limited I Florida document number L18000090193			and as	signed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
		4		
The new name must be distinguishable and contain the	words "Limited Liabi			,L,C,
Enter new principal offices address, if appli	cable:	2701 N Rocky Point Dr Suite 1		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	Tampa, FL 33607	. <u></u>	
			3.7	<del>-</del>
Enter new mailing address, if applicable:		2701 N Rocky Point Dr Suite 1	75	到一门
Mailing address MAY BE A POST OFFICE	E BOX)	Tampa, FL 33607	: :	5 1
	<u> </u>	-	7.7	
B. If amending the registered agent and	1/or registered o	ffice address on our records	s, enter the name	of the nev
registered agent and/or the new registered	•••		<u> </u>	5
Name of New Registered Agent:	Infinite Resolve	e. Inc		
New Registered Office Address:	2701 N Rocky	Point Dr Suite 175		
		Enter Florida street addres	`	
	Tampa	. Flo	orida <u>33607</u>	
	· · · · ·	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.

ig Registered, gent. Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Infinite Resolve, Inc	2701 N Rocky Point Drive Set 175 Tampa, FL 33607	■ Add
			□ Remove
			□ Change
AMBR	Andrew S Wilson	2701 N Rocky Point Drive Set 175 Tampa, FL 33607	<b>_</b> Add
			□ Remove
			Change
AMBR	Cindy M Wilson	2701 N Rocky Point Drive Set 175 Tampa, FL 33607	<b>=</b> Add
		<del></del>	□ Remove
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Filing Fee: \$25.00