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COVER LETTER

Registration Section Division of Corporations

TO:

CUDIFOT.	The Not	So Boring LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Jorge Rivera	····	
		Name of Person		
	т	he Not So Boring LLC		
		Firm/Company		
	543	7 Lake Margaret Dr, Unit C	-1	
Address			2018 SEP 10 SLEAGHASS	-
	(Orlando, Florida 32812	AND CO	*
		City/State and Zip Code	SSE 10	27
		iverajorge407@gmail.com		ğ
For further information	e-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)	*
j	lorge Rivera	at (321) 2	10-2653	
	of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
\$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)	
Regist	LING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corporation	on	
	30x 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	enter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Boring LLC		
(Name of the Lin	(A Florida Limited	ny as it now appears Liability Company)	s on our records.)	
The Articles of Organization for this Limited	Liability Company	were filed on	06/26/2018	and assigned
Florida document numberL1800015	55961			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company he	<u>re</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	esignation "LLC" or	Late Cops America
Enter new principal offices address, if appl	icable:			S S S
(Principal office address MUST BE A STRE				333
Transpar office damage in the state of the s				70 TT
				-4) =
				000 %
Enter new mailing address, if applicable:			<u></u>	22 26
(Mailing address MAY BE A POST OFFICE	E BOX)			
Name of New Registered Agent:	_			nter the name of the ne
New Registered Office Address:				
		Enter Flori	da street address	
			, Florid	ด
		City	, 110110	Zip Code
Name Productored Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro accept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complete gistered agent as gregistered office	performance of i provided for in C	ny duties, and I hapter 605, F.S.	am familiar with and Or, if this document is
	if Cha	nging Registered Age	ent, Signature of Ne	w 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>	Name	<u>Address</u>	Type of Action
AMBR	Denisse Rodriguez	3915 Emerald Tree Lane; Kissimmee, FL 347	43
			Remove
			Сһалде
			Remove
			Change
			Add
			Remove
			Callange
		,	
			N
			Add
			🗆 Remove
			Change
			□ Add
			□ Remove
			🗆 Change

,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A	
	•	
	- 2	
	TALLA SE	
		G. CO.
	The To	
		1
	20 C C C C C C C C C C C C C C C C C C C	
(If an e Note:	tive date, if other than the date of filing:	0207 (3 d as th
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies e 90th day after the record is filed.	r of:
Dated	Sixth of Semptember , 2018 .	
	l.s.Dime	
	Signature of a member or authorized representative of a member	
	Joseph Physics	
	Jorge Rivera Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00