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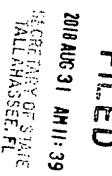
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COVER LETTER

TO: Registration Se Division of Cor			٠
SUBJECT:	BOU'S DYNA	MCC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Elia	S Bou Name of Person	
		Dy Namic Firm/Company	
	11/18 Gran	nde Pines Circ	:le
	Orlando,	Florida 32 City/State and Zip Code	.821
	Clibou 07 @ C E-mail address: (mail. Com to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
Elias L Name o	Bou Person	at (914) S63 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ASOU'S UVN	WIN C L. L.		2010 MOG 3]	AM 11: 39
Name of the Limited	Liability Company as it n Florida Limited Liability C	ow appears or Company)	TALLAHA	OF STATE
		<u></u>	, incum	SULLIFE
The Articles of Organization for this Limited Liab		ed on <i>\(\frac{\mathcal{J}}{2}\)</i>	119/18	and assigned
Florida document number <u>L /800020</u>	<u>34/5</u> .			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability con	npany here:		
Bou's Dynamic L. The new name must be distinguishable and contain the wor	ds "Limited Liability Comp	any," the desig	nation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicat				
(Principal office address MUST BE A STREET	ADDRESS)			
			<u></u> .	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
B. If amending the registered agent and/or		dress on o	ur records, <u>enter</u>	the name of the ne
registered agent and/or the new registered office	ce address nere:			
registered agent and/or the new registered office Name of New Registered Agent:	ce address nere:			
- "	ce address nere:			
Name of New Registered Agent:	ce address nere:		street address	
Name of New Registered Agent:	ce address nere:			Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		☐ Change	
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		Remove	
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an eff ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
e red The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	
	\mathcal{L}^{\prime}
	Signature of a member or authorized representative of a member
	Elias Bou Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00