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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

то:				
CHEIR				
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		Elias Bou		
			Name of Person	for filing. following: Name of Person Firm/Company Address State and Zip Code ed for future annual report notification) at (
	Division of Corporations Bou's Dynamic			
			Firm Company	
		11118 grande pines circle	Address Area Code Daytine Telephone Number Certificate of Status & Certi	
			Address	
		Orlando FL 32821		
			City/State and Zip Code	Telephone Number □ \$60.00 Filing Fee. Certificate of Status & Certified Copy
		•		
		E-mail address:	(to be used for future annual report no	otification)
For furtl	her information co	ncerning this matter, please o	call:	
Elias Be	OU			
	Name of	Person		ime Telephone Number
Enclose	d is a check for the	e following amount:		
\$25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	MAILIS	NG ADDRESS:	STREET/COU	RIER ADDRESS:
	Registrat	tion Section	Registration Sec	tion
	P.O. Box			
	Tallahas	see, FL 32314		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bou's Dynamic		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our red da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on August 24, 20	and assigned
Florida document number £18000203415	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
		٠ - رې
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, 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

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	Elias Bou	11118 grande pines circle 221 Orlando FL 32821	
			☐ Remove
<u>_</u>			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
		·	Change
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fective date, if other	than the date of fili	ing:	ate of filing or more than 90	(optional)	nament to 605 IC
ote: If the date inserte	d in this block does no	ot meet the applicable	statutory filing requirem	nents, this date wil	I not be listed
ocument's effective dat	te on the Department o	f State's records.			
			n effective time, at	12:01 a.m. on	the earlier
ine 90th day arte	r the record is file	α.			
ated		_ , ,			
		\bigcirc			
	Signature of	a member or authorize	d representative of a memb	er	
			-		

Page 3 of 3

Filing Fee: \$25.00