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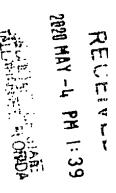
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(Add	dress)
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(City	//State/Zip/Phone #)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BOSS INVESTMENT	TS LLC			
<u></u>				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				
				Merger File
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				Dissolution / Withdrawal
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				Certificate of Good Standing
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				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
· - — —	· — —			Driving Record
Requested by: SETH	05/01/20			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
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GOVER LETTER

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TO:

Registration Section Division of Corporations

BOSS INVE.	STMENTS LLC			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	ENRIQUE FERNANDEZ			
		Name of Person		
	BOSS INVESTMENTS L	rc		
		Firm/Company		
	2063 N UNIVERSITY DE	RIVE		
		Address		
	SUNRISE, FL 33322			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
For further information cor	cerning this matter, please c	all:		
NATALIE GUARIGLIA		954 448-0563		
Name of F	Person	at () Area Code Daytii	me Telephone Number	
Enclosed is a check for the	following amount:			
		These on tilling for the	F \$60.00 Elling Co.	
□ \$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:		<u>Stree</u> t Address:		
Registration Se	ection	Registration Se	ection	
Division of Co	rporations	Division of Corporations		
P.O. Box 6327 Tallahassee Fl	22214	The Centre of	Tallahassee	

Tallahassee, FL 32303

COVER LETTER

TO:

Registration Section Division of Corporations

BOSS INVI	ESTMENTS LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	ENRIQUE FERNANDEZ			
		Name of Person		
	BOSS INVESTMENTS L	LĊ		
		Firm/Company		
	2063 N UNIVERSITY DI	RIVE		
		Address		
	SUNRISE, FL 33322			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information co	ncerning this matter, please c	all:		
NATALIE GUARIGLIA		954 448-0563		
Name of	Person		ne Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection prporations	Street Address: Registration Se Division of Cor The Centre of T	rporations	

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSS INVESTMENTS LIC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L18000216068	were filed on09/11/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2001
(Mailing address MAY BE A POST OFFICE BOX)		2020 H
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	hitress
	inter reconstruction	
	City	, Florida
	City.	23/7 0000

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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PATRICIA FERNANDEZ	2063 N UNIVERSITY DRIVE	≣ Add
		SUNRISE, FL 33322	□ Remove
			Change
			□Add
			□ Remove
			□Add
			□Remove
		- "	Change
			□Add
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			□Add
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			□Change
			□Add
			□ Remove
			□Change

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Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	block does not meet the applic	(option to date of filing or more than 90 days after eable statutory filing requirements, this	onal) filing.) Pursuant to 605.0207 s date will not be listed as
he record specifies a delayed effectord is filed.	tive date, but not an effective t	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY I	. 2020	·	
		orized representative of a member	
ENRIQUE FERNAN			
		ed name of signee	

Filing Fee: \$25.00