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(1	Requestor's Name)	
(/	Address)	
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((City/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
	, ,	
(1)	Document Number)	
Certified Copies	Certificates o	of Status
Special Instructions to I	Filing Officer.	

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4/15/2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limi	BURN 7H=	BOXTS LLC
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
Soula	HAN SON	HARDIN Name of Person	/ DBA
	BURN THE	Firm/Company	HOME LIFE
	261 FD	DLERS PT I	DRIVE
	ST MG	USTINGE F City/State and Zip Code	1 32030
	José &	HOME LIFE to be used for future annual report noti	FOR EVER . Com
For further information c	oncerning this matter, please co	dl:	
NATHAN OX Name o	(HARDUC Person	at (Signal Daytim	FO 7675 te 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, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BURN THE	= BOATS L	\(\frac{20225 \cdot 15 \cdot 10:32}{\cdot 2025 \cdot 15 \cdot 10:32}\)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	nv as it now appears on our records.) iability Company)	<i>if.</i> !
The Articles of Organization for this Limited Liability Company Florida document number <u>L18600 Z19</u> H		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 Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2135 NHW	4231
(Principal office address MUST BE A STREET ADDRESS)	Poblitud Ci	74 FL 32405
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida

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 Aquat, 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>	Name	Address	Type of Action
·• ·			_Add
			□Remove
			□Change
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4	9/(E/70)	
effecti	date, if other than the date of filing:(optional) ve date is listed, the date must be specific and cannot be poor to date of filing or more than 90 days after filing.) Pursuant to 605.	.02
<u>te:</u> If t cument	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste 's effective date on the Department of State's records.	ed i
cord sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r th
s filed.	1 /	
ed	9/15/ 2022	
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		<u> </u>
	Signature of amember or authorized representative of a member	

Filing Fee: \$25.00