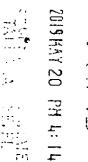
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R. WHITE · July of Sold

COVER LETTER

Division of Corpe	orations		
SUBJECT: The	Boiler, LLC	_	
	Name of Lim	ited Liability Company	
m	l No. 4		
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Aaron V.	Johnson	
		Name of Person	
	Collins Brow	un Barkett	
		Firm/Company	
	756 Beachla	nd Blud.	
		Address	
	Vero Bead	City/State and Zip Code Verolaw-Lom to be used for future annual report notifi	
	ajohnson e	City/State and Zip Code /erolaw-Lom	
	E-mail address: (to be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca	all:	
Aaron V. Jol	11507	at (772) 231 – Area Code Daytime	4343
Name of P	erson	Area Code Daytime	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)

TO:

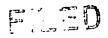
Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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



THE BOILER, LLC

2019 MAY 20 PM 4: 14

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L19 000029931 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 or removed f	Authorized Person(s) authorized to m records:	anage, enter the title, name, and address of each	person being adde
MGR = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>ambr</u>	Kelly L. Smith	474 Waters Drive	Mdd
		474 Waters Drive Fort Piece, FL. 34946	Remove
	•		Change
AMBR	Brian W. Smith	474 Waters Drive Fort Pierce, FL. 34946	[] Add
		Fort Pierce, FL. 34946	Remove
			Change
			Remove
			Change
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If an effec <u>Note:</u> If	ve date, if other than the date of filing:	:o 605.0207 e listed as
ie reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier of
Dated	April, 19 2019	
	Signature of a member or authorized representative of a member	_
	of a member of a member of a member	

Page 3 of 3

Filing Fee: \$25.00