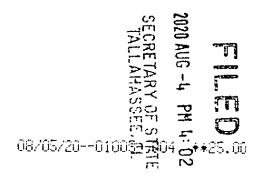
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## **COVER LETTER**

TO: Registration S Division of Co			
	OWN BOYS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SHAI BEN-AMI		
		Name of Person	<u> </u>
		Firm/Company	
	151 SE 1 ST, UNIT CU-1		
		Address	
	MIAMI, Fl. 33137		
	hanami shai@amail ann	City/State and Zip Code	
	benami.shai@gmail.com E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
SHAI BEN-AMI		305 215-3618	
Name	of Person		e 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)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DOWNTOWN BO		2020 AUG -4 PM 4: 02
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on o orida Limited Liability Company)	SECRETARY OF STATE
		TALLAHASSEE, FL
The Articles of Organization for this Limited Liabilit	ty Company were filed on $\frac{3/20/2}{}$	019 and assigned
Florida document number L19000078321	<del></del> ·	
This amendment is submitted to amend the following	<u>r</u> :	
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 Common "the decigned	tion "I I C" or the abbreviation "I I C"
the new name must be distinguishable and contain the words	Enimed Entonity Company, the designal	non EEC of the appreciation E.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
<del>-</del>	•	
B. If amending the registered agent and/or registe		s, enter the name of the new regist
agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, 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 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
AMBR	TB HOSPITALITY GROUP LLC	1901 SW 68 AVE	□Add
		PLANTATION, FL 33317	=Remove
			□Add
			Change
		<del></del>	□Remove
		<del></del>	□ Change
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	date, if other than	t <b>he date of filin</b> must be sp <b>e</b> cific an	ng:	o date of filing or mor	(option than 90 days after fi	n <b>al)</b> ling.) Pursuant to 605.0207
ffective		s block does not :	meet the applical	ble statutory filing	equirements, this c	late will not be listed as
<u>cote:</u> ii t	he date inserted in thi. 's effective date on the	Department of				
ocument	re date inserted in this 's effective date on the pecifies a delayed effe			ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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Filing Fee: \$25.00