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1 8/9/2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	fing Yard	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Penaldo	Pepi Davis	2nd
	Boxin	Fim/Company	
	1431 Ru	explace Bluc	1 # 1703
	JAX F	City/State and Zip Code	7
	Marshall E-mail address: (1	Charle 003 04	Smailicom
For further information co	oncerning this matter, please co	all:	1 -
FNANC No. Name o.	Person Shall	at (404) 780 Area Code Daytime	1-5065 Telephone Number
Enclosed is a check for th	ne following amount:		
2 \$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 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 \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Botin	Pard	LLC	2022 AUG -9	PH 5: 35
(Name of the Limited Liability Compar (A Flynda Limited Li	ny as it now appears lability Company)	on our records.)	· .	!
The Articles of Organization for this Limited Liability Company of Plorida document number <u>LL96002056</u> 47	were filed on {	3/13/19	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation "LLC" or the abbre	viation "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 a	1431 FF 170 DAY address on our re	RUED 14 23 ELA 3 ecords, enter the name of	TCL Bluc 32207 of the new register	P ed
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Enter Flor	ida street address		
	,	, Florida		
N. D. Carlotte, M. Charles, M. Carlotte, D. Carlotte, M.	Сиу		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	na to and in dia	anna sino 1 Gardhau assas	s to amount society el	. .
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in C	my duties, and I am fan Thapter 605, F.S. Or, if	niliar with and this document is	

If Changing Registered Agent, 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>	<u>Name</u>	<u>Address</u>		Type of Action
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		Signature of a	member or au	thorized represe	entative of a men	nber	

Filing Fee: \$25.00