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(Requestor's Name)
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eun ice	THE BORI	NG COLLECTION, LLC		ť	₹ z¥
PORTEC	.1;	Name of Lin	ited Liability Company		
			, , ,		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		ABEL A. PUTNAM, ESQ).		
			Name of Person		
		PUTNAM, CREIGHTON	& AIRTH, P.A.		
			Firm/Company		
		PO BOX 3545			
		45.5 	Address		
		LAKELAND, FL 33802		•	
			City/State and Zip Code		
		AAP@PUTNAMPA.COM			
		E-mail address: (to be used for future annual	report notification	1)
For further	er information c	oncerning this matter, please c	ali:		
ABEL A.	, PUTNAM		4	12-1178	
	Name o	f Person	at () Area Code	Daytime Telep	ohone Number
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations			Street A		
			Registration Section Division of Corporations		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BORING COLLECTION, LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for a document number $\frac{L19000274620}{L19000274620}$.	iled on 11/04/2019 and assigned
This amendment is submitted to amend the following:	元22 19
A. If amending name, enter the new name of the limited liability co	ompany here:
DEAN BORING COLLECTION, LLC	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "IsUC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Add
			□Remove
			☐ Change
			□Add
			Remove
		 	□Change
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(If an etle <u>Note:</u>	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated ₋	11/27 . 2019
	Signature of a member or authorized representative of a member
	ALLAN D. BORING, III
	Typed or printed name of signee

Filing Fee: \$25.00