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COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT:	Boss Lady Solutions, LLC. Name of Limited Lability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Marnessia I. Willis Name of Person
	Name of Person
	Buss Lady Solutions, LLC
	Fifn/Company
	4143 Kreisch Way
	Address
	Tallahassee FL 32305
-	E-mail address: (to be used for future annual peport notification)
For further information conc	erning this matter, please call:
Marnessia	T. Willis at (850) 241-6344 rson Area Code Daytime Telephone Number
Name of Pe	rson Area Code Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Boss Lad	dy Solutions,	llc	
(Name of the Limited Liability (A Florida L	Company as it now appears on cimited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L19003</u> 52436	mpany were filed on <u>Dece</u>	mber 11, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite			
Boss Lady Logi The new name must be distinguishable and contain the words "Limite	istics, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	ation "LLC" or the abbrevia	iggi "L.L.C."
Enter new principal offices address, if applicable:			00
(Principal office address MUST BE A STREET ADDRE	<u></u>	7. XX 7. XX 8. XX 8. XX	9
Enter new mailing address, if applicable:		THE STATE	ي 2 8
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ds, <u>enter the name of</u>	the new registere
Name of New Registered Agent:		. <u>-</u>	*****
New Registered Office Address:	p . pr . 1		
	Enter Florida st	reet address	
	City	, Florida	p Code
	Cny	2.4	p cone

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 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
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			□Remove
			□Change
			□Add
			Change OC
			Change Change
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			□Remove

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cord specifies a dela s filed.	ayed effective date, bu	ut not an effective	time, at 12:01	a.m. on the earlie	er of: (b) The	90th day after the
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