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Registration Section TO: **Division of Corporations**

NATIVE BOYZ LLC

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SAMANTHA LONG		
	NATIVE BOYZ	Name of Person	
	1085 GRAND DUKE WA	Firm/Company	
	ROYAL PALM BEACH,	Address FL 33411	
	SAMANTHA@NATIVEF	City/State and Zip Code BOYZ.COM	
	E-mail address: (to be used for future annual report notif	lication)
	oncerning this matter, please c		
SAMANTHA LONG		954 661-5141	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 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

TO ARTICLES OF ORGANIZATION OF

NATIVE BOYZ LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Company L20000041822 Florida document number	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "Ll	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	 	2010		
		. 1		
Enter new mailing address, if applicable:		. 2		
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ent</u>			
New Registered Office Address:				
	Enter Florida street address			
	Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	vee to act in this capacity. L performance of my duties, provided for in Chapter 603	and I am familiar with and 5. F.S. Or, if this document is		
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby confirm i	'hat the limited hability		
If Cha-	nging Registered Agent, Signatur	e of New Registered Agent		

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SAMANTHA LONG	1085 GRAND DUKE WAY	
		NOVAL BALANDER CHI DE MAIN	= Add
		ROYAL PALM BEACH, FL 33411	□Remove
			□Add
			□Remove
			□Change
		-	
			□Remove
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			□Add
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fan effecti <u>Note:</u> If t	ve date is listed, the date inserted	•	ecific and open not m	cannot be prior eet the applic	able sta	_	than 90 days	ptional) after filing.) Pursua this date will no	
record sp I is filed.	oecifies a delaye	ed effective date.	, but not a	m effective ti	me, at 1	2:01 a.m. on	the earlier of	f: (b) The 90th o	lay after the
ated	Februa	My 28	 .	2020	<u> </u>				
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		Signat	lure of a m	ember or with	orized rej	presentative of	a member		
		\mathcal{C}	Lasi	Han C	, DNG				
		· •		Typed or print	ed name	of signee			