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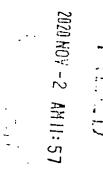
(Re	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ME & Boo Name of Lim	Troue ited Lability Company	·
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Shan	Neha Y Fost	·e(
		LEK BOUTIA	<u>e</u>
	3403	Correct brier D	
	_	ON VIUE, Florida City/State and Zip Code	
	E-mail address: (Shameka Qyaho to be used for future about preport noti	O, COM lication)
For further information co	oncerning this matter, please ca	all:	
Shame of	10 FOSTER	at (<u>904</u>) <u>465</u> — Area Code Daytim	9 6 5 2 e Telephone Number
Enclosed is a check for th	e following amount:		
■\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	BOUTI	200 LL		
(A Florida I	Limited Liability Company	v)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	04/28/	20 and as:	signed
Florida document number <u>L_200001145 </u>	<u>5</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," th	e designation "LLC" or	the abbreviation "L	.IC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>		2021	
	 .			eme id
			-2	province province
Enter new mailing address, if applicable:			وحت	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			=	Salara Maria
			5	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our	r records, <u>enter the</u>	name of the nev	v register
· · · · · · · · · · · · · · · · · · ·	•		<u> </u>	
New Registered Office Address:	Enter F	Torida street address	<u> </u>	
		, Florid		<u></u>
	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
MGR	Shameha Foster	3463 (sirembrier Dr., Jax, F1, 32254	CAdd
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ective date, if of	ther than the date of	filing:		(opt	ional)	
reffective date is lis	t her than the date of ted, the date must be speci erted in this block does	tic and cannot be prior t	to date of filing or mo	ore than 90 days after	r filing.) Pursuant to	5 605.020 Listed a
ument's effective	date on the Departmer	nt of State's records.	iore statutory trinig	, requirements, in	is diffe will not be	. Historia
cord specifies a d	elayed effective date, b	ut not an effective tin	ne, at 12:01 a.m. c	n the earlier of: (b) The 90th day	after the
s filed.						
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	n A	nariale -	1 XV	·		
	- Signature	e of a member or author	rized representative	of a member		_
			•			