Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOSSLADY PRENEUR LLC

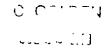
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Corporate Filing Menu

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COVER LETTER

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6130 1137	BOSSLAD	Y PRENEUR LLC							
SUBJEC	<u>.</u>	Name of Limi	ited Liability Company						
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please re	ctum all correspo	ondence concerning this matter	to the following:						
		Cheyenne Moseley							
			Name of Person	•					
		Legalzoom.com, Inc.							
			Firm Company						
		101 N Brand Blvd 11th Fl							
			Address						
		Glendale, CA 91203							
		City/State and Zip Code							
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		E-mail address: ()	o be used for future annual report not	fication)					
For furth	her information c	oncerning this matter, please co	all:						
Cheyen	ne Moseley		800 773-0888						
	Name o	d Person	at () Area Code Daytim	e Telephone Number					
Enclose	d is a check for t	he 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)					
	Regist	JING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	on					

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BOSSLADY PRENEUR LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/18/2020 Florida document number 1.20000133206 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5645 Coral Ridge Dr ST 440, Coral Springs, Ft. 33076 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5645 Coral Ridge Dr ST 440, Coral Springs, Fl. 33076 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Title	Name	Address	Type of Action
AMBR	RuthAnn N Lightbourne	5645 Coral Ridge Dr ST 440, Coral Springs, FL 33076	□ Add
			4-4-
			☐ Remove
			€ Change
AMBR	Helen Delahoussaye	5645 Coral Ridge Dr ST 440, Coral Springs, FL 33076	□ Add
			☐ Remove
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e 90	d specifies th day aft	a delaye er the re	ed effective of ecord is filed.	date, but r	not an effec	tive time, a	at 12:01 a.r	m. on the e	arlie
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