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SECRETARY OF STATE
TALL AHASSEF, FI

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	Boots USA, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Lindy Griffith		
		Name of Person	<del></del>
	Flex Hoof Boots USA, LLC	-	
		Firm/Company	-
	27903 Arlington Road		
		Address	
	Wesley Chapel, FL 33544		
		City/State and Zip Code	
	flexcellenthoofboots@gmai		<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ıll:	
Lindy Griffith		302 242-565	
Name	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Set Division of Cor The Centre of T	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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

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