L20000 146453

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AUG 1 4 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration Se Division of Cor			
Oragnized I	Boots LLC		
SUBJECT:	Name of Lim	ited Liability 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:	
	Mildred Rivera-Fisher		
		Name of Person	- 41
	Organized Boots LLC		
		Firm/Company	
	52 Tuscan Way Suite 202	= 209	
		Address	
	Saint Augustine, FL 3209	2	
		City/State and Zip Code	
	milly@organizedboots.com	to be used for future annual report no	Contion)
For further information c	oncerning this matter, please c		arreation)
Mildred Rivera-Fisher		808 372-7388 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Organized Boots LLC		7079
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 29, 2020 -	and assigned
Florida document number L20000146453		PH
This amendment is submitted to amend the following:		6: 30
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	52 TUSCAN WAY SUITE 202 #209	
(Principal office address MUST BE A STREET ADDRESS)	SAINT AUGUSTINE, FL 32092	
		MATERIA
Enter new mailing address, if applicable:	52 Tuscan Way Suite 202 #209	
(Mailing address MAY BE A POST OFFICE BOX)	Saint Augustine, FL 32092	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	A.	<u></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 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>	<u>Address</u>	Type of Action
MGR	John A. Maldonado	455 Porta Rosa Circle	
		Saint Augustine, FL 32092	to rn
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lf an effect <u>Note:</u> If	e date, if othe tive date is listed, the date inserte a's effective da	the date must be ed in this block	specific and co does not me	annot be prior to et the applical	o date of filing or ble statutory fil	more than 90 d ing requireme	_ (optional) ays after filing.; ents, this date	Pursuant to 605.02 will not be listed :
e record s rd is filed		yed effective d	ate, but not ar	i effective tim	ne, at 12:01 a.n	n, on the earli	er of: (b) Th	e 90th day after th
rs	JUNE 3	30	·	2020	_ ·			
Dated			207					
Dated				<u> </u>			,	
Dated		Sig	anature of a me	mber or author	ized representati	ve of a member	;	