LZ0000167913

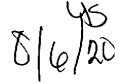
(Re	equestor's Name)	•
(Ac	ddress)	-
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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates	s of Status
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08/28/20--01020--010 **





BOOM HC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	J. Russell Collins		
		Name of Person	
	Rusty Law, LLC		
		Firm/Company	
	2493 US Highway 1 South	ו	
		Address	
	Saint Augustine, FL 32086	5-6077	
		City/State and Zip Code	
	adamhamilton904@gmail.c		
		to be used for future annual report notif	heation)
For further information c	oncerning this matter, please c	all:	
J. Russell Collins		904 829-6600 at ()	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	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 Addres Registration S	Section	Street Address: Registration Sec	
Division of Corporations		Division of Corporations	

P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

BOOM HOME, 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 $\frac{06/17/2020}{}$ _____ and a Florida document number L20000167913 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BOOM HOMES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 r agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____. Florida ___ City 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 co-

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to corprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dobeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liak company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type
			□⊦
			□⊦
			□/
			□
			$\Box \epsilon$

Ç. •	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
	
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	-
Note: If the date inserted in	han the date of filing: date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to n this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.
If the record specifies a delayed record is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
Dated	. 2020
	Signature of a member or authorized representative of a member
J. Russell Collin	ns, Attorney for Boom Home, LLC and Adam Hamilton
-	Typed or printed name of signee