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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>BO</u>	yee Credit	ted Liability Company	_
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Antoine	DUU \ass	
	<u>Boujee</u>	Credit, LLC	·
	701 SW 14	8th Ave Unit 11	4
	Surnse,	FL 33325 City/State and Zip Code	
	Adou o D E-mail addryss: (t	o be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	ill:	
Antome Name of	DOUG 1955	at (<u>333</u>) <u>378 –</u> Area Code Daytime	3178 Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Boujee Cred	lit LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L20000201223</u> .	my were filed on July 13, 20	280 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	rousing LLC	abbreviation "L.L.C."
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 offic agent and/or the new registered office address here:	e address on our records, enter the na	me of the new registered
· · · · · · · · · · · · · · · · · · ·		; * -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	С цў.	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
			□Add
			Remove
			□ Change
			⊟Add
		<u></u>	□Remove
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<u>lote:</u> If t	date, if other thar we date is listed, the dat he date inserted in the s effective date on t	is block does not	meet the applica	able statutory filin	ore than 90 days at g requirements, t	tional) ter filing.) Pursuant to his date will not be	605,0207 Histed as t
record sp l is filed.	occifies a delayed eff	ective date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
ated	, , , , , , , , , , , , , , , , , , ,	0 to	·0 0 a.	_/			
		mun	1 JOH	orzed representative	of a member		_