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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: BOO	n Investme	ents LLC 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:	
	Catherin	Rrunson Name of Person	
		Firm/Company	
	4010 Bistx	op Road Address	<del>-</del>
	Tallahasse	e, Florida 36 City/State and Zip Code	235
	6 Catherine, 6 E-mail address: (1	runsone boominger to be used for future annual report noti	stmentsile.com
For further information co	oncerning this matter, please ca		
Catherine Name of	Brunson	at (255) Daytim	938 - 9653 e Telephone Number
Enclosed is a check for th	e following amount:		
S \$25.00 Filing Fee	□ \$30.00 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)

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

Boom Investme	nts LC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 20039239.	were filed on 08 07 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	dity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the 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 office a agent and/or the new registered office address here:	1540 Rainbow Road Tallahassee, Floricla 32305
Name of New Registered Agent:	
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, If this document is

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	<u>Name</u>	Address	Type of Action
AMBR	Catherine Brunson	4010 Bishop Boad Tallahassee, Florida 3	(MAdd 3.2305
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Effectiv	ea data if other then the date of filing:  (antional)
Note: 1	the date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	January 29 . 3024.
	January 29 3024.  Catherin Busson  Signature of a member or authorized representative of a member

Filing Fee: \$25.00