## 120 000 275750

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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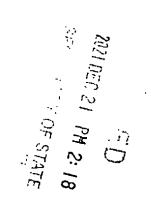
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A. RIVERS
JAN 1 0 2022



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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations		
SUBJECT: Trenches Appar	ed LLC	
	mited Liability Company	<del></del>
The applicant Articles of Amendment and foots) are st	shmitted for filing	
The enclosed Articles of Amendment and fee(s) are su		
Please return all correspondence concerning this matter	er to the following:	
EliJah D	PESIT Name of Person	
Trenches 1	Perellic Firm/Company	
827 NE	1547181 Address	
M. lami,	City/State and Zip Code	
EliJah Desir a E-mail address	1605 @ GMail COM (to be used for Juture annual report notif	fication)
For further information concerning this matter, please	call:	
EliJah DeSit Name of Person	at (470) 569 Area Code Daytime	e Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Solution 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 Section	Street Address: Registration Sec	ction
Division of Corporations	Division of Cor	porations
P.O. Box 6327	The Centre of T	allahassee

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trenches Affarel L.  (Name of the Limited Liability Compan (A Florida Limited L.)	y as it now appears on our reability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company v Florida document number $\cancel{L20000}$ 275750.	,	12020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile  Boll Forever LLC  The new name must be distinguishable and contain the words "Limited Liability".		"LLC" or the abbre	viation "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 agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>e</u>	nter the name (	of the new registered
New Registered Office Address:		v ·	<del> </del>
	Enter Florida street a	ddress	2021 D
	City	  	Zip Çode Nə
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 p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie rovided for in Chapter (	es, and I am fan 505, F.S. Oir if	niligr with and this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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(If an eff Note:	ve date, if other than the date of filing:
ord is fi	
Dated	<u>December 14, 2021.</u>
	Occember 14, 2001.  Elisah Dasse  Signature of a member or authorized representative of a member
	Elidah Ofsir

EU E 66660