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(Re	equestor's Name)		
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PICK-UP	WAIT	MAIL	
(Bı	usiness Entity Name	e)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			•	
Brian Abra	hamson Boa Life LLC			
SUBJECT:	Name of Lim	ited Liability Company	· ·	
	1			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Brian Abrahamson			
	·	Name of Person		
	Brian Abrahamson Boa Li	fe LLC		
		Firm/Company		
	2471 Oklahoma Street			
		Address		
•	Melbourne, Florida 32904			
	brian@surinameredtads.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	all:		
Brian Abrahamson		321 536 4009		
Name of Person		at () Area Code Daytime	: 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		Street Address:	rtion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brian Abrahamson Boa Life 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 ______ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida Redtails LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 new registered 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 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>	Address	Type of Action
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			□Remove
			□ Change
	 		□Add
			□Remove
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	· —————		□ Add
			□Remove
	•		Channe

D. If amending any of	ier information, e	nter change(s) her	e: (Allach addille	onal sheets, if neces.	sary.)	
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E. Effective date, if oth (If an effective date is liste Note: If the date inse document's effective	d, the date must be spe rted in this block doc	cific and cannot be prior es not meet the applic	cable statutory filin	(optior fore than 90 days after fi g requirements, this o	ling.) Pursuant to ϵ	505.0207 (3)(h isted as the
If the record specifies a de record is filed.	layed effective date,	but not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day a	fter the
Dated			·		W.	202
3			_		7* -	
	Signate	are of a member or auth	orized representative	of a member	SEE F. C.	20 =
Brian Abra	ihamson	_ •				P.
		Typed or print	ted name of signee		AGIS@ AGIS@	l: 56