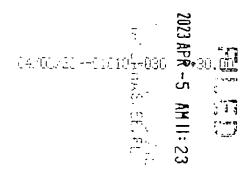
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
SUBJECT:	BOFIY LLC	· .		
	Name of Lim	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:		
	Richar	d Cherichel		
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
		30fly LLC		
		Firm/Company		
	2598 E	Sunrise blud suite 2104		
	· · · · · · · · · · · · · · · · · · ·	Address		
	Fort	lauderdale Florida 33304 City/State and Zip Code		
		City/State and Zip Code		
	30 FIYLLC	e gmail. Com to be used for future annual report notification)		
	E-mail address: (to be used for future annual report notification)		
For further information co	oncerning this matter, please ca	all:		
Richard	Charchel	at (863) 558 - 9602 Area Code Daytime Telephone Number		
Name of	Person	Area Code Daytime Telephone Number		
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:		
Registration S Division of C		Registration Section		
P.O. Box 632	-	Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30thyllc				
(<u>Name of the Limite</u> (d Liability Company as it A Florida Limited Liability	now appears on our record Company)	<u>ls.</u>)	
The Articles of Organization for this Limited Lia Florida document number <u>L 2000036875</u>	nbility Company were fi	led on 11 23 202	O and assi	gned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability co	mpany here:	202	
The new name must be distinguishable and contain the wo	ords "Limited Liability Com	pany," the designation "LLC	-0	ĘGĮ"
Enter new principal offices address, if applica	ıble:	<u> </u>	70 1	خودي جوم م
Principal office address MUST BE A STREET	[ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E			H: 34	<u> </u>
Turning war easy Mill DB 11 1001 Of 1 100 L				
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	s here:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	the name of the new	register
		Enter Florida street addres		
	Fort lauderdale		orida <u>33304</u>	
	Cit	!	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>	Name	Address	Type of Action
MGR_	Richard Cherichel	2598 E sunrise Blvd suite	2104 _ (5)Add
		Fort lauderdale Florida 33304	□Remove
			_ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
.			□Add
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			□Remove
			□Change
			□Add
			□Remove
			□Change

). If amending an	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
- -	
~	
Note: If the date	if other than the date of filing:
the record specifies cord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 04	03 23
	Signature of a member or authorized representative of a member
	Nikenson Cherichel Typed or printed name of signee