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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Section

Division of Corp	perations		
empres Bos	S DAINTERS		
SUBJECT: BOS	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	JAKE LE	Name of Person	
	0000	Firm/Company	
	2646 SAN	DLEWOOD CIR Address	<u> </u>
	ORANGE !	Onek, FL, 326 City/State and Zip Code	65
	BOSSPAINTE E-mail address: (es 3 @ GMAIL.COM to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
JAKE LE Name of	TC I+ Person	at (<u>317</u>) <u>964 -</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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 Registration S		Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, F			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOSS PAINTERS LLC	none as it now annears.	on our records \	
BOSS PAINTERS LLC (Name of the Limited Liability Com (A Florida Limited)	d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar			and assigned
Florida document number L2100036442			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here	<u>e</u> :	
SHAKA BROS. HOME IMPROVER The new name must be distinguishable and contain the words "Limited Lia	1ENT LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	ignation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		(7)	202
			T
Enter new mailing address, if applicable:		ا) ا اسار الم	2 = -
• • • •		<u> </u>	7
(Mailing address MAY BE A POST OFFICE BOX)		: 3 (7, C)	11
			- 0
		[] [] [] [] [] [] [] [] [] []	Ω
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the name</u>	of the new registered
agent and/or the new registered office address nerg.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>		

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 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
			□Add
			□Remove
		Change	
		□Add	
			□Remove
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			Change
		□Add	
			□Remove
			□ Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
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	<u>_</u>
	
	<u> </u>
Effective date, if other than the date of filing:	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the b) The 90th day after the record is filed.	ne earlier of:
Dated MARCH 141 ¹¹ 2073	
Signature of a member or authorized representative of a member	Minimum
JARE LEITCH	
JAKE LEITCH Typed or printed name of signee	