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PICK-UP	MAIT	MAIL
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	ocument Number	A
(1)	cument Number	,
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHDI	JECT:	Во	oba Tea, LLC	
ЗОВЈ	JEC1:	Name of Lim	ited Liability Company	<del></del>
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings, LLC	
			Firm/Company	
		3 (	Greenway Plaza #1320	
		<del></del>	Address	
			Houston, Texas 77046	
			City/State and Zip Code	
			filings@swyftfilings.com	
		E-mail address: (	to be used for future annual report notific	cation)
For fi	irther information c	oncerning this matter, please ca	all:	
	Sonia B	lecerra	at (877 ) 777-045	0
		f Person		Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>⊠</b> S:	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 ADDRESS:

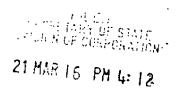
TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Boba Tea	a, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	·
The Articles of Organization for this Limited Liability Company	were filed on	02/08/2021	and assigned
Torida document number <u>L2100064873</u> .			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>:re</u> :	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company " the d	ecionation "I I C" or the ab	breviation "1 1 C"
		ratt/6 Mile Cypress Pkw	
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		s, FL 33966	<del>- ′</del> <del>_</del>
THE COME OF THE WASTER AND THE ASTREET ADDRESS			
Inter new mailing address, if applicable:	9390 Ben C Pr	ratt/6 Mile Cypress Pk	vv. Ste. #3
Mailing address MAY BE A POST OFFICE BOX)		ers, FL 33966	,,
<del></del>			
If amending the registered agent and/or registered of	ffice address on	our records, enter	the name of the n
egistered agent and/or the new registered office address here	<b>E</b> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
<del></del>	City	, Florida	Zip Code
	CHI		4,4(/ C,1/GC

## 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 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

MGR = Manager AMBR = Authorized Member

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		· · · · · · · · · · · · · · · · · · ·	12
<u>Title</u>	Name	Address	Type of Action
AMBR	CHI NGUYEN	9390 Ben C Pratt/6 Mile Cypress Pkwy, Ste. #3	I <sup></sup> Add
		Ft Myers, FL 33966	Remove
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× Kim(l)	ecord specifies a delayed effective date, but not a e 90th day after the record is filed.	in effective time, at 12:01 a.m. on the earlie
X Signature of a member or authorized representative of a member	March 2 2021	·
Signature of a member or authorized representative of a member	× Vim(h)	
•	Signature of a member or authoriz	ed representative of a member

Page 3 of 3

Filing Fee: \$25.00