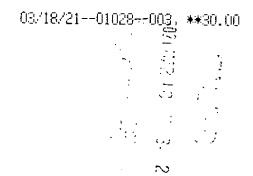
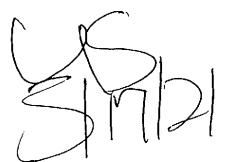


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Office Use Only







COVER LETTER

TO:

Registration Section

Division of Co.	rporations		
	9 -	•	
SURJECT: Box/	EK'S ESTATE TROTE	 2775 S	
300anci. <u>707c</u>	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Burlsk's 25:	Name of Person PATE ROTERTES Firm/Company	
	5326 SAN	S&BASTZAN LAY Address	APr 207
	Rockleh 65, 1	7 7 32955 City/State and Zip Code	
	, ,	City/State and Zip Code	,., fS
	E-mail address:	EDDIEBUT/SR 1980 (G) to be used for future annual report noti	GMAZI Can fication)
For further information c	oncerning this matter, please c	all:	
El Quel Name o	Durlel f Person	at (<u>321</u>) <u>449 - 2</u> Area Code Daytim	6203 te 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor	•
Tallahassee, F		The Centre of T	
rananasset, 1	シンケントマ	Z413 IN. IVIONIO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boyler's Estste Trateries (Name of the Limited Liability Company a (A Florida Limited Liabi	S it now appears on our records.)
(A Florida Limited Liabi	lity Company)
The Articles of Organization for this Limited Liability Company wer	re filed on $\frac{2/15/2021}{}$ and assigned
Florida document number <u>L210999</u> 78 348.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
Representation of the new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Co	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	د,
	1
	- 1
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	* ·
_	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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>	<u>Name</u>	Address	Type of Action
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			□Change
			
	`		□ Remove
			□Change
			⊡Aḍd
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