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A. RAMSEY OCT -152074

. COVER LETTER

	Registration Se Division of Cor				
SHRJEC	BO & CO I				
SUBJECT: Name of Limited Liability Company					
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for tiling.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Tim Haines			
			Name of Person		
		Gray, Ackerman & Haines	, P.A.		
Firm/Company					
	211 NW 3rd Street				
		<u> </u>	Address		
		Ocala, FL 34475			
			City/State and Zip Code		
		jodi@eliteofocala.com E-mail address: 0	to be used for future annual report notific	eation)	
For furth	er information co	oncerning this matter, please ea			
Tim Hair	nes		352 732-8121		
	Name of	l Person	at ()	Telephone Number	
Enclosed	is a check for th	ne following amount:			
	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		<u>Street Address:</u> Registration Sect	tion	

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

BO&COLP LLC

company has been notified in writing of this change.

2024 OCT - 1 PM 1: 01

	= ·	
(Name of the Limited Liability Comp. (A Florida Limited	Inv as it now appears on our records.) Liability Company)	F STATE
The Articles of Organization for this Limited Liability Company		
	were med on	
Florida document number L21000102576		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
BO & CO GAPR, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
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, <u>enter th</u>	e name of the new reg
agent and/or the new registered office address here:		
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 agi		er zaraz to zamilo wi
t nereny accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete	ee to act in ims capacity. I juring parformance of my duties, and	er agree to comply wi Lam familiar with an

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

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
 			□Add
			□Remove
			Change
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			□Remove
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			□Add
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		<u> </u>	□Add
			□Remove
			∏Chan⊕e

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _____9-30 Signature of a member of authorized representative of a member Jodi J. Schoeler

Typed or printed name of signee