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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	
		6/34/31

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ELD BOSS LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
HUVIN Sand of Person ELD BOSS LLC Firm/Company
4503 Hansard Ave
Worth port FL- 34286 City/State and Zip Code
Logs. Eldboss@amak.(om E-mail address: (to se used for future annual report notification)
For further information concerning this matter, please call:
Yuriy Door at (941) 615 - 8535 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Z \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		21 MAY 20 PM 12: 25
(Name of the Limite	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia Florida document number—2/000/3554	ability Company were filed on <u>03 </u>	-23 - 2821 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	T.ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida sa	treet address
	Florida	
	City	, Florida

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 = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	Name	Address	21 HAY 20 PM 12: 25	Type of Action
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	21 MAY 20 PH 12: 25
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	of filing of more than 90 days after filing.) Pursuant to 605.0207
cord specifies a delayed effective date, but not an effective time, at s filed.	12:01 a.m. on the earlier of: (b) The 90th day after the
cd 5-17-2021	
Senant of a resimber or authorized re	epresentative of a member
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