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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HY-TECH FUCKING SERVICES, 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:
ROPERICIC PROJECT
HY-TECH FLOCKING SERVICES LICE
2012 Writfier PARIL DR SUITE B-1
SARASOTA, FLOR DA 34243 City/State and Zip Code
RODE COKOL GOOD (CO) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
POPRICIC BOOKER at GILL 304-765Z Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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 OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{41712021}{12021}$ Florida document number $\frac{L2100010}{12021}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: BOXEL THE RPRISES The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or 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, enter the na agent and/or the new registered office address here: Name of New Registered Agent:	me of the new registered
New Registered Office Address:	•
Enter Florida street address	
. Florida	
City	Zip Gode

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 AMBR = Authorized Member Type of Action **Title Address** Name 209 294 STE ______ DAD ROBERTS ANGE RODORICKO BOOLER P.O.BOX 271322 DAD hange from MERTO AMBR. 33088_ ___ □Add □Remove ____ □Change □ Remove _____ □Change \Box \land dd□Remove ☐ Change _____ □Add

_____ □Change

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(If an effective Note: 1	e date, if other than the date of filing: (optional) tive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he record ord is tile	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 d.
Dated _	August 17 . 2021.
	Signature of omember or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00