1000188020

(Requestor's Name)
(Address)
(Address)
(Cπy/State/Zip/Phone #)
PCK-00 WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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500366558145



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/19/2021		##W/A/	LK IN**
ENTITY NAME BOREAL	IS AMPLIFICATION LLC		
ENTITY NAME		. ,	
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED AND RETUR	PN	
XXXX	Plain Copy		FR Te
	Certified Copy		
	Certificate of Status	•,	
P	LEASE OBTAIN THE FOLLOWING FOR THE ABOVA Certified Copy of Arts & Amendments Certificate of Good Standing	E ENTITY	
	APOSTILLE' / NOTARIAL CERTIFICATIO	DN	
COUNTRY OF DESTINATION	DN		
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$25.00	ACCOUNT #	: I20160000072	
	-	2 500	
Please call Tina at the	c above number for any issues or concerns,	Thank you so much!	

COVER LETTER

TO: Registration S Division of Co			
BOREAL SUBJECT:	IS AMPLIFICATION LLC		
3000001	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LEANA GUZMAN		
		Name of Person	
	ZENBUSINESS INC.		
		Firm/Company	
	5511 Parkerest Dr., Suite 2	207	
		Address	
	Austin, TX 78731		
	FULFILLMENT@ZENBU	City/State and Zip Code	
	_	to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
LEANA GUZMAN		S44 493-6249	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for (the following amount:		
■ \$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:

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

BOREALIS AMPLIFICATION LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000188020	were filed on 04/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1701 W. Wetherbee Rd	
(Principal office address MUST BE A STREET ADDRESS)	#770454	
· · · · · · · · · · · · · · · · · · ·	Orlando, Fl. 32877	.31.1.28.41.21 J
Enter new mailing address, if applicable:	1701 W. Wetherbee Rd	
(Mailing address MAY BE A POST OFFICE BOX)	#770454	
	Orlando, FL 32877	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	iter-theyname of the n
		171
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	r,nær r torma street attaress	
	, Florid: , Florid:	L 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Dale Carr	1701 W. Wetherbee Rd.	7
		=770454	D Add
			□ Remove
		Orlando, FL 32877	Change
			□ Add
			D'Removello
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		117
e: If the date inserted in this !	the date of filing: Sust be specific and cannot be prior to date of filing or more the solock does not meet the applicable statutory filing reconcepartment of State's records.	(optional) han 90 days after filing.) Pursuant to 605.0. quirements, this date will not be listed
record specifies a delayene 90th day after the re	ed effective date, but not an effective time cord is filed.	, at 12:01 a.m. on the earlier
MAY 18	2021	
/S/ Dale Carr		
	Signature of a member or authorized representative of a	
		**

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Filing Fee: \$25.00