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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT: BOArdWAIK ASSISTANTS, 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:
Jordan Malave Name of Person
Firm/Company
2774 East Colonial Drive # 1070
Ovlando, FL 32803 City/State and Zip Code
Jordan, Malaye Gilloud com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOYGAN MOI AVC. at (954) 815 - 6020 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (cadditional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Report No.	IOIK PSSI STOVES UC ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L.21.000.201-808</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the line	Company were filed on <u>June 9, 2021</u> and assigned 8.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	2774 East Colonial Drive # 1079 Driando, Pl 32803
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2774 East colonial Drive #1079 Orlando, Fl 32803
B. If amending the registered agent and/or register agent and/or the new registered office address here:	red office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent: New Registered Office Address: 2	174 East Colonial Drive #1079 Enter Florida street address
	Onando, Florida 32803 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>	Name	Address	Type of Action
			□Add
			□Change
******			□Add
			□Remove
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រោ effi ote:	ve date, if other than the date of filing:
ecord is fil	d 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 ed.
ited .	August 16, 2021
	\sim
	Signature of a member or authorized representative of a member

Typed or printed name of signee