## 12100029186C

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Name)
(Document Number)
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## **COVER LETTER**

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TO:

TO: Registration Se Division of Cor				
4 Boys Pro	perties LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	•		
ricase return an correspe	matter concerning this matter	to the following.		
	Jay Katari			
	<del></del>	Name of Person		
	4 Boys Properties LLC			
		Firm/Company	<del> </del>	
	255 SE Wavecrest Way			
		Address	<u></u>	
	Boca Raton, FL33432			
		City/State and Zip Code		
	recyclethis@mac.com	to be used for future annual report notification)		
For further information c	oncerning this matter, please c	·		
Jay Katari		561 866-2097 at ( )		
Name o	f Person	Area Code Daytime Telepho	ne Number	
Enclosed is a check for the	ne 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)	
<u>Mailing Addres</u>		Street Address:		
Registration Section		Registration Section Division of Corporation	ne	
Division of Corporations P.O. Box 6327		The Centre of Tallahas		
Tallahassee,		2415 N. Monroe Street	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC 17 Fit 5: 55 4 Boys Properties LLC (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 06/23/2021 and assigned Florida document number L21000291860 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jay Katari	255 SE Wavecrest Way	<b>≣</b> Add
		Boca Raton, FL 33432	Remove
			□ Change
AMBR	Kimberly Katari	255 SE Wavecrest Way	
		Boca Raton, FL 33432	□ Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
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f an effectiv <u>Note:</u> If th	date, if other than the date of filing:	5.0207 sted as
e record sp ed is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
Dated	2021	
	11/1/1/1	
	Signature of a member or authorized representative of a member	