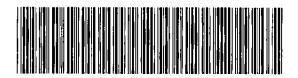
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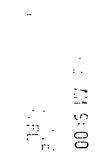
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COVER LETTER

	gistration Sec ision of Corp				
SUBJECT:	Boundless C	Frowth Solutions, LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please returr	all correspon	ndence concerning this matter to	o the following:		
		Adeline Thompson			
			Name of Person		
			Firm/Company		
		4082 Orchard Drive			
			Address		
		Melbourne, FL32940			
			City/State and Zip Code	<u> </u>	
		anthompson79@yahoo.com			17
		E-mail address: (to	o be used for future annual report notif	ication)	ά
For further i	nformation co	oncerning this matter, please ca	11:	T 100	00 :6 \
Adeline Th			210 289-0795 at ()		
	Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is	a check for th	e 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 I Certificate of Certified Copy (additional copy i	Status & y

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boundless Growth Solutions, LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)	<u></u>
The Articles of Organization for this Limited Liability Compa	any were filed on 6/25/20	221	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
Boundless Growth Counseling, LLC			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designa	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		·
		- 	·
		: •	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 		**************************************
	 	<u>'-</u>	
		<u> </u>	0
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our record	ds, <u>enter the name</u>	of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	City	_ 	Zip Code

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>	Address	Type of Action
			DAdd
			Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			Remove
			□Change
			□Add
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ective date, if other than the date in effective date is listed, the date must be spe	of filing:	(optional)	Pursuant to 605 02
te: If the date inserted in this block do	es not meet the applicable statutory	y filing requirements, this date v	vill not be listed
some some some same on the beparting	ion of state 3 records.		
ecord specifies a delayed effective date, is filed.	but not an effective time, at 12:01	a.m. on the earlier of: (b) The	90th day after th
22 April ted	2024		
()1.	- Alan	20490	
	ure of a member or authorized represen	215CX 1	

Filing Fee: \$25.00