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2021 NOV -8 PM 2: 50 SECTION OF STATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: BA	ton 197 115		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
, , , , , , , , , , , , , , , , , , ,			
	Kiel	(
		Name of Person	
		Firm/Company	
	4505 6	Fichermana Dint	0.5
		Fishermans Doint	<u> </u>
	Milton	FL 32583 City/State and Zip Code	
		•	
	Kiel Co	annon a gmail. Co	fication)
For further information co	oncerning this matter, please co		
Kiel Name of	CPerson	at (<u> </u>	90 STL e Telephone Number
Traine of		, we do de la say time	
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boston 293	LLC	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
,	YC 1	
The Articles of Organization for this Limited Liability Co	ompany were filed on X TH 28 201	and assigned
Florida document number L 2 1000 4690:	<u>5</u> b	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
6380 Boston 297 L	.4.6	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	ted Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •	ECC)	
(Principal office address MUST BE A STREET ADDR	<u> </u>	
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 registere
agent and/or the new registered office address here:		न् ह
		.
Name of New Registered Agent:		1
Hame of New Registered Agent.		
New Registered Office Address:		9 7
	Enter Florida street address	2: 50 STAT
	, Florida	a - 3
	Citv	' 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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
*****			□Add
			□Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note: If	date, if other than the date of filing:
ne record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11/2 2021
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

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