

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
MAR JU 2022 03/03 Check Attached
Check Atlached

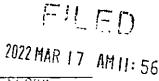
Office Use Only

COVER LETTER

TO: Registration Section

Division o	f Corporations		RECEIVED	
B. Boo	omin Rentals LLC			
	Name of L	imited Liability Company	2022 MAR -3 AM 11: 13	
		Amendment and fee(s) are submitted for filing.		
Please return all cor	respondence concerning this matt	ter to the following:		
	Brandon Coleman			
		Name of Person		
	B. Boomin Rentals LLC	. 1	1	
•		Firm/Company		
	 		1	
		Address		
	Melbourne, Flroida 3290	05		
		City/State and Zip Code		
	fitlifebrandon@yahoo.co			
# 費 For further informa	E-mail address tion concerning this matter, pleaso	s: (to be used for future annual report notifica	tion)	
Brandon Coleman		321 4824884 at ()		
N'	ame of Person		elephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing F	Tee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60000 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
-	ddress: tion Section of Corporations	<u>Street Address:</u> Registration Section Division of Corpo		
P.O. Box Tallahas:	c 6327 see, FL 32314	The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limit	ed Liability Comp (A Florida Limited	Inv as it now appears on our records.) SECRETARY OF CALLAHASSEE. IT
The Articles of Organization for this Limited L Florida document number L21000489537	iability Company	were filed on 11/15/2021 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, <u>enter the new name o</u>	f the limited lial	pility company here:
◀		♦
he new name must be distinguishable and contain the v	vords "Limited Liab	lity Company," the designation "LLC" or the abbreviation "L.L.C."
1		
Inter new principal offices address, if applic	able:	2200 NW Corporate Blvd
		Suite 407 PMB 1013
Principal office address MUST BE A STREE		<u></u>
Principal office address MUST BE A STREE	ET ADDRESS) BOX)	Suite 407 PMB 1013
Principal office address MUST BE A STREE Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	Suite 407 PMB 1013 Boca Raion, FL 33431
Enter new principal offices address, if applic (Principal office address MUST BE A STREE) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or nagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	BOX) registered office	Suite 407 PMB 1013 Boca Raion, FL 33431
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or nagent and/or the new registered office address. Name of New Registered Agent:	BOX) registered office	Suite 407 PMB 1013 Boca Raton, FL 33431 ### Address on our records, enter the name of the new register.

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

It 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
			□Remove
			Change
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	pr. 19		□Remove
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ective dat	te, if other than	n the date of filing:		((optional)
ote: If the o	date inserted in th	his block does not meet t	the applicable statutory		after filing.) Pursuant to 605.020 is, this date will not be listed a
cument s e	frective date on t	the Department of State*	s records.		
	ities a delayed eft	fective date, but not an e	ffective time, at 12:01 a	i.m. on the earlier o	of: (b) The 90th day after the
is filed.	i	1 -			
ted	2/28	/22			
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