## LL2000115851

(Re	equestor's Name)	
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(Cit	ry/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
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T. MATTHEWS

JUL 28 2022

## **COVER LETTER**

TO:	Registration Se Division of Cor			
	Boot & Ras	scal LLC		
SUBJ	ECT:			
		Name of Lim	ited Liability Company	
The cr	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Katheryn Taylor Byrne		
		<del></del>	Name of Person	
		Boot & Rascal LLC		
		-	Firm/Company	···
		2271 Tequesta Lane		
			Address	
		Miami, FL 33133		
			City/State and Zip Code	
		bootandrascal@gmail.com		
		E-mail address: (	to be used for future annual report not	ification)
For fu	rther information o	concerning this matter, please ca	all:	
Kather	ryn Taylor Byrne		305 7724489	
			at ()	ne Telephone Number
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for the	he following amount:		
<b>⊗</b> '\$2	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 Address	<del></del>	Street Address:	****
	Registration S Division of C		Registration Se Division of Cor	
	P.O. Box 632		The Centre of 3	-
	Tallahassee			e Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIGURE FOR STATE S

Boot & Rascal LLC

22 MAY 24 AM 9: 03

, Florida 33133

Zip Code

(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 3/7/2022 \_\_\_\_\_ and assigned 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 "LLC." 2271 Tequesta Lane Enter new principal offices address, if applicable: Miami, FL 33133 (Principal office address MUST BE A STREET ADDRESS) 2271 Tequesta Lane Enter new mailing address, if applicable: Miami, FL 33133 (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: 2271 Tequesta Lane 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.

City

Miami

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	Katheryn Taylor Byrne	2271 Tequesta Lane, Miami, FL 33133	
<del> </del>		<del> </del>	<b>≘</b> ∧dd
			□Remove
			□Change
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			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an effectiv <u>Note:</u> If t	date, if other than the date of filing:
e record sp ed 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	May 16th, 2022.
	Signature of a member or authorized representative of a member
	/ Signature of a member or authorized representative of a member