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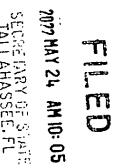
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Duizant Falib Nama)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	1040 D P	ORTAGE TRAIL, LLC		
			mited Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are su	bmitted for filing.	
Please return	n all correspon	dence concerning this matte	r to the following:	
		Corpo	rate Maintenance Le	ead
			Name of Person	
		Prod	essing Department	
			Firm/Company	
		•	1450 Vassar St	
			Address	
			Reno, NV 89502	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For further in	iformation con	cerning this matter, please c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Processing Department at t 800 638-2320 Name of Person Area Code Daytime Telephone				
			Mea Code Parytime	: Telephone Number
Enclosed is a	check for the	following amount:		
☑ \$25.00 Fi	ling Fee	S30.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAY 24 AM 10: 05

1040 D PORTAGE TRAIL, LLC SECRETARY OF STATE
TALLAHASSEE. FL (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 03/31/22 ____ and assigned Florida document number _____L22000155391 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BOGART ENTERPRISES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Emer 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>	Address	Type of Action
			Remove
			☐ Change
			□ Remove
			Change
			D Add
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Note: 1	ate, if other than the date of filing: N/A (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records	(43)(b) the
the reco	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a day after the record is filed.	†:
Dated _	5-13 Lya Kenninge Signature of a member or authorized correspirative of a popular	
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	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00