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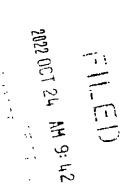
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Arnanda Acosta Name of Person BSA-BOOM SQUAD, LLC Firm/Company 3610 S Orange ave Address Orlando Florida 32806 City/State and Zip Code Boomsquad bsa@gmail com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Arnanda Acosta Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations		M SQUAD LLC		
Please return all correspondence concerning this matter to the following: Amanda Acosta	SUBJECT:	Name of Lim	ited Liability Company	
Please return all correspondence concerning this matter to the following: Amanda Acosta	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Amanda Acosta Name of Person				
Name of Person BSA-BOOM SQUAD, LLC Firm/Company 3610 S Orange ave Address Orlando Florida 32806 City/State and Zip Code Boomsquad.bsa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amanda Acosta Amanda Acosta Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Registration Section	, , , , , , , , , , , , , , , , , , ,		v	
BSA-BOOM SQUAD, LLC Firm/Company 3610 S Orange ave Address Orlando Florida 32806 City/State and Zip Code Boomsquad.bsa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amanda Acosta at (1) 969-4851 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailling Address: Registration Section Street Address: Registration Section		Amanda Acosta		
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BSA-BOOM SQUAD LLC

2022 OCT 24 AM 9: 42

(Name of the Limited Liability Co. (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Completion of Complete Liability	npany were filed on MAY 12 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	3610 S Orange ave
Principal office address MUST BE A STREET ADDRES.	orlando Fl. 32806
Enter new mailing address, if applicable:	486 Autumn stream dr
Mailing address MAY BE A POST OFFICE BOX)	Auburndale FI, 33823
agent and/or the new registered office address here:	ffice address on our records, enter the name of the new re
Name of New Registered Agent: Amanda A	
Name of New Registered Agent:	range Ave
Name of New Registered Agent:	range Ave Enter Florida street address
Name of New 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.

Amanda Acosta	
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
AMBR	Hugo I Vasquez	4677 Lb Mcleod fl orlando Fl ,32811	□Add
			= Remove
			□Change
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			□Remove
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f amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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Note: If the dat	if other than the date of filing:
e record specific rd is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	24/2022
	Signature of a sumber or authorized representative of a member
	Signature of a warmer of authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00