

172000238580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

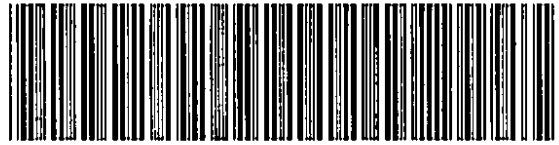
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22 SEP -7 AM 10:46  
Division of Court Administration

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Card Boss LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Nissman

Name of Person

The Card Boss LLC

Firm/Company

405 NE 2nd Street, Unit 1404

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

thecardboss@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

757 739-7410

Jared Konikoff

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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Division of Corporations  
Tallahassee, Florida

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Card Boss LLC

(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 May 23, 2022 and assigned Florida document number 122000238580.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

405 NE 2nd Street, Unit 1404

Fort Lauderdale, FL 33301

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

405 NE 2nd Street, Unit 1404

Fort Lauderdale, FL 33301

**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: Matthew Nissman

New Registered Office Address: 405 NE 2nd Street, Unit 1404

*Enter Florida street address*

Fort Lauderdale

*City*

Florida 33301

*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.*

DocuSigned by:

Matthew Nissman

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>	<u>Address</u>	<u>Type of Action</u>
MGR, AMBR	Matthew Nissman	405 NE 2nd Street, Unit 1404	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR, AMBR	Joshua Konikoff	5004 Ocean Front Avenue	<input type="checkbox"/> Add
		Virginia Beach, VA 23451	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR, AMBR	Jared Konikoff	5004 Ocean Front Avenue	<input type="checkbox"/> Add
		Virginia Beach, VA 23451	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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22 SEP -7 AM 10:45

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 2, 2022

- DocuSigned by:

DocuSigned by:  


Signature of a member or authorized representative of a member

Jared Konikoff

Typed or printed name of signee

**Filing Fee: \$25.00**