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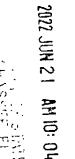
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations	•		
Boenndesig	gn LLC	• ,		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Siaw Fan Boen			
		Name of Person		
		Firm/Company		
	8955 Wiles Road Apt 306			
		Address		7
	Coral Springs, Florida, 330	067		
	SIAWBOEN@YAHOO.CO	City/State and Zip Code DM		
	E-mail address: (to be used for future annual report notif	cation)	
For further information e	oncerning this matter, please ca	all:		
Siaw Fan Boen		646 5761359 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			7
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Gopy (additional copyris enclosed)	7
Mailing Address Registration	Section	Street Address: Registration Sec		
Division of C	Corporations	Division of Corp	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOENNDESIGN LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	y were filed on 05/27/2022	and assigned
Florida document number 1.22000246640		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
BOENDESIGN LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		PAUL AHAS
(Mailing address MAY BE A POST OFFICE BOX)		F. 05
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	
Name of New Registered Agent:	···	
New Registered Office Address:		
	Enter Florida street addi	
	, 1	FloridaZip Code
	Сің	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
hereby accept the appointment as registered agent and ag	ree to act in this capacity. I	further agree to comply with

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

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>	Type of Action
AMBR	SAIW FAN BOEN	8955 Wiles Road Apt 306	□Add
		Coral Springs, Florda 33067	Remove
			□Change
AMBR	SIAW FAN BOEN	8955 Wiles Road Apt 306	∃ Add
		Coral Springs, Florida 33067	□Remove
			Change
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		<u></u>	Change 2022 JIIAdd P
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			Remove
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			□Add
			Remove
			□ Change

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