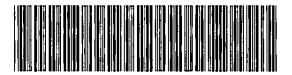
## L22 600 391 813

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## **COVER LETTER**

TO: Registration S Division of Co				
OLUB KRIOTE	ANT, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	KYLE GLICKSON			
		Name of Person		
	FLOTT & CO. PC			
		Firm/Company		
	2200 WILSON BLVD, SU	JITE 320		
		Address	<del>,</del>	
	ARLINGTON, VIRGINIA	A 22201		
	·	City/State and Zip Code		
	TAX@FLOTTCO.COM			
	E-mail address: (	to be used for future annual report notif	Teation)	
For further information	concerning this matter, please c	all:		
KYLE GLICKSON		703 525-5110 ext		
Name	of Person	Area Code Daytime	· Telephone Number	
Enclosed is a check for t	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 Addre	<del></del>	Street Address:	tion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 633	27	The Centre of T	allahassee	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOUFFANT, LLC	2022 SEP 21 PH 1: 30
(Name of the Limited Lia (A Flo	idinity Commanty as it now appears on our records.)
The Articles of Organization for this Limited Liability Florida document number 122000391813	y Company were filed on September 07, 2022 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	limited liability company here:
BOUFFANT CAPITAL LLC	
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	ODRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registengent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registe</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City 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.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
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Tective date, if other than the doneffective date is listed, the date must be tet: If the date inserted in this block cument's effective date on the Dep	e specific and cannot be prior to date k does not meet the applicable s	e of filing or more than 90 days a	
ecord specifies a delayed effective of its filed.	date, but not an effective time, a	t 12:01 a.m. on the earlier of	: (b) The 90th day after the
SEPTEMBER 14	2022		
ted SEPTEMBER 14	. 2022		
ted	2022 gnature of a member or authorized	representative of a member	