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COVER LETTER

TO: Registration Se Division of Con		5	
	Opportunities Everywhere		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Henry Colwell		
		Name of Person	
	Bringing Opportunities E	cerywhere (BOE)	
		Firm:Company	
	36 NW 6th Ave		
		Address	
	Miami, FL 33128		
		City/State and Zip Code	
	henry@boepartners.com		
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Henry Colwell		305 903-2980 at ()	
Name (n' Person	Area Code Dayt	ime Telephone Number
End: Led is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	Section
Division of C	lorporations	Division of C	orporations
P.O. Box 632		The Centre of	
Tallahassee.	たい シズンキー	∠410 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Bringing Opportunities Everywhere		
(<u>Name of the Limited)</u> (A	Liability Company as it now appears on o Florida Limited Liability Company)	<u>ir records.)</u>
The Articles of Organization for this Limited Liabi		2022 and assigned
This amendment is submitted to amend the following		
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET)	(DDRESS)	
Enter new mailing address, if applicable:		
(Mg, jing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reginagent and/or the new registered office address h		s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
		Florida
-	Cuy	Florida 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 con, any has been notified in writing of this change.

If expending 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
MGR	Janet Colwell	3543 Northrop St., Lupton City, TN 37351	= Add
			□Remove
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ffective date, if other than the d an effective date is listed, the date must tote: If the date inserted in this blo	be specific and canno	t be prior to date o	f filing or more than	90 days after filing.)	Pursuant to 605,0207 (will not be listed as the
ocument's effective date on the De			anny ming restar	rememo, mis diag	THE TRACE HEAVEN AND
record specifies a delayed effective f is filed.	date, but not an eff	ective time, at 1	2:01 a.m. on the c	earlier of: (b) The	90th day after the
(Net II)	202	<u>.</u>			
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Bringing Opportunities Everywhere

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. (Name of the Limited	Florida Limited I.	ny as it now appears o Dability Company)	1 our records.)	
The Articles of Organization for this Limited Liab		were filed on Sept.	19, 2022	and assigned
This amendment is submitted to amend the follow	ang:			
A. If amending name, enter the new name of the	he limited liabi	lity company here		
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the desig	mation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET				
				-
Enter new mailing address, if applicable:				
(Ma, ing address MAY BE A POST OFFICE BO	<u>0X)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office a here:	ddress on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	. <u></u>			
New Registered Office Address:				
		Enter Florida	street address	
			Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered or provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region, any has been notified in writing of this ch	and complete pered agent as p gistered office	performance of my provided for in Cha	eduties, and Lam j opter 605, F.S. Or,	familiar with and if this document is

If penending 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
MGR	Janet Colwell	3543 Northrop St., Lupton City, TN 37351	
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ective date, if other than t	he date of filings			(optional)	
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is filed.				(1)	
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Oct 11 ted	· <u></u>)2-1			
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	/Signature of a member	er or authorized rep	resentative of a mer	nber	