(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



11/28,22--01022--015 •42

TO: Registration Se Division of Cor			ı	
SUBJECT: BOU		OTOSOR SERVICES	LIC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Arnold B	Name of Person		
	Boure & B	Boure atdoor S	iervices LLC	
	17025 NW	38th C+ Address		
	Miami Ga	rdens FZ 3300 City/State and Zip Code	57	
For further information c	E-mail address: (to be used for future annual report noti	fication) 2022 KOV 2	
Arnold (Sovie Jr. f Person		393 e Telephone Number) :
Enclosed is a check for th	ne following amount:		γη C	•
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	
Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

BOUIE > BOUIE OUTDOOK	2 SERVICES	LIC		
BULE & BOULE OUT DOOK (Name of the Limited Liability Companion (A Florida Limited L.)	iy as it now appears on our iability Company)	records.)		
The Articles of Organization for this Limited Liability Company	were filed on 919	2072 and as		
Florida document number <u>L22600407672</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili				
Enter new principal offices address, if applicable:	Miamy Gar	38th Ct.		
(Principal office address MUST BE A STREET ADDRESS)	Miamiga	idens, FL 3305		
		202		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>>∃ ₹</u>		
		<u> </u>		
B. If amending the registered agent and/or registered office a	ddress on our records.	enter the name of the nev		
agent and/or the new registered office address here:		F 60		
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	e to act in this capacit	ty. I further agree to comp		

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type</u>
AMBR	Arnold Baye Tr	17025 NW 38Th Ct	□A
		Miami Gardens, FL 331	<u>\$</u> 5 □ Ri
			t z/ CI
			□Aι
			□Re
			🗆 Cհ
			□ Ad
			. 🗀
		[::]	□Rem
			□Char
			□Add
			□Rem
			□Chan
			□Add
			□Rem
			□Char

					*		
	 -						
			<u>. </u>	<u>.</u>		****	
·							 -
	Marine and]3E0	7707
						- <u></u>	2
							- 2
 -						1,* 1;,	
						<u></u> :2-	
							
n effective date is l ote: If the date in	other than the date listed, the date must be sp nserted in this block do we date on the Departn	ecific and cannotes not meet t	he applicable		ore than 90 days		
ecord specifies a is filed.	delayed effective date	, but not an ef	Tective time,	at 12:01 a.m. c	on the earlier o	f: (b) The 90)th d
1ed	ember 22						
		weld (20000 20000 er or authorize	d representative	of a member		