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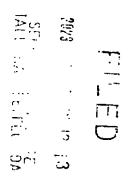
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BOSTON'S SCRUICES 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:
Tiffany Ques Name of Person
Boston's Services LLC
1317 Edgewater Drive#4746
ORlando, FL, 32801 City State and Zip Code
+iffanuservices LLCamail E-mali address: (to be used for titute annual report nonlication)
For further information concerning this matter, please call:
Tiffany Owens at (HOT) 72H-OH3O  Area Code Daytime Telephone Number To
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certified Copy tadditional copy is enclosed:  Certified Copy tadditional copy is enclosed:
Mailing Address: Street Address:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doston's Sarv	icos LhC
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company of Corida document number	were filed on $10-24-23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	$\cap/A$
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LIJC" 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: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida speet address
<u></u>	Florida 5 5

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 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>	Name	Address	Type of Action
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an effective date, if t	other than the date of sted, the date must be specif	fic and cannot be prior to	date of filing or more	than 90 days after t	iling ) Pursuant to	o 605.02
<u>ote:</u> If the date in ocument's effective	serted in this block does to date on the Departmen	i not meet the applicat at of State's records.	ole statutory ming t	equirements, tins	date will not be	z usteu i
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