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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

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Tallahassee, FL 32314

| TO: Registration So Division of Cor | | | |
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| | OWNSTAYS LLC | | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspondence | ondence concerning this matter | o the following: | |
| | Eric Mitchell | | |
| | | Name of Person | |
| | BOOGIEDOWNSTAYS L | LC | |
| | | Firm/Company | |
| | 2875 S ORANGE AVE | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Orlando , Florida 32806 | | |
| | Gblmanifest@gmail.com | City/State and Zip Code o be used for future annual repo | rt notification) |
| For further information (| concerning this matter, please ca | | |
| Eric Mitchell | | 347 586-71 | 59 |
| Name (| of Person | at () Area Code E | 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 | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration Division of C P.O. Box 63 | Section Corporations | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BOOGIEDOWNSTAYS LLC | | |
|---|---|---------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | nv as it now appears on our recor Liability Company) | <u>'ds.</u>) |
| The Articles of Organization for this Limited Liability Company | were filed on 11/28/2022 | and assigned |
| Florida document numberL22000500551 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liab | ility company here: | |
| Mitchells Finest LLC | | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2875 S Orange Ave | |
| Principal office address MUST BE A STREET ADDRESS) | Orlando, Florida 32806 | 2023 |
| | STE 500 | E B |
| | | 28 |
| Enter new mailing address, if applicable: | | 200 3 3 1 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| | | (T) |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>ente</u> | r-the name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | 255 |
| | , F | lorida |
| | 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 |
|--------------|-------------|--------------|----------------|
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| Fective date, if other than the date of filing: July 17, 2023 (optional) (aptional) (optional) (aptional) (optional) (o | | ange my business/organization | | |
|--|--------------------------------------|----------------------------------|---------------------------------------|----------------------------------|
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Filing Fee: \$25.00