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SECULTARY OF STATE ALL MASSEE, FLORIDA

COVER LETTER

TO: Registration Division of C		٠	•				
	Bound Enterprises, LLC.						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
	Chanell J Northern						
		Name of Person					
		Firm/Company					
	1340 Florence Ave						
		Address					
	Orlando, FL 32811						
		City/State and Zip Code					
	chanell_northern@yahoo.co E-mail address: (to be used for future annual report:	notification)				
For further information	concerning this matter, please c	all:					
Chanell J Northern		321 217-7764	1				
Name	e of Person	at () Area Code Day	nime Telephone Number				
Enclosed is a check for	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				
<u>Mailing Addr</u> Registration		Street Address Registration					
Division of	Corporations	Division of Corporations					
P.O. Box 61	327	The Centre of	of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Northern Bound Enterprises, LLC.

2023 NOV 16 AM 8: 2

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 19, 2023 Florida document number 1.23000193090 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Joy In Tech, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
			□Add
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Add
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			Change

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