123000200570

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.

Registration Section

Tallahassee, FL 32314

TO:

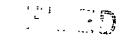
Division of Cor	porations		
BORING F	IOLDINGS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	ANTONIO ALMONTE-C	A DD ED A	
	ANTONIO ALMONTE-C	<u> </u>	
		Name of Person	
	BORING HOLDINGS, LI	.C	
		Firm/Company	
	111 North Orange Ave, Su	ite 800	
		Address	
	Orlando, Florida 32801		
		City/State and Zip Code	
	antonioalmonte@boringhole	_	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	all:	
Antonio Almonte-Cabrer	ra	888 706-4140	
Name o	f Person	at () Area Code Daytime Telephor	ne Number
Enclosed is a check for the	ne following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Section	
Registration S Division of C		Division of Corporation	ıs
P.O. Box 632		The Centre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)



BORING HOLDINGS, LLC

2023 HAY 30 PM 5: 42

(A Florida Limi	ted Liability Company)	TALL CORE, FL
The Articles of Organization for this Limited Liability Comp	any were filed on April 24, 2023	
Florida document number L23000200570		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	PSS .
	, F	lorida Zip Code
	Cuy	z.y. 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 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
AMBR	Antonio Almonte-Cabrera	1539 Barberry Dr. Kindred, FL 34744	□Add
			□Remove
			Change
AMBR	Willian Almonte Cabrera	1539 Barberry Dr. Kindred, FL 34744	≘Add
			□Remove
			□Change
AMBR	Manuel Cabrera	1539 Barberry Dr. Kindred, FL 34744	
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			
			🗆 Remove
			□ Change

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ective date, if other than effective date is listed, the date e: If the date inserted in the ument's effective date on t	nis block does not	meet the appli	icable statutory	or more than 90 d filing requireme	_ (optional) ays after filing.) I ents, this date w	tursuant to 605,020 ill not be listed a
cord specifies a delayed eff filed.	ective date, but no	ot an effective	time, at 12:01 a	a.m. on the earlie	er of: (b) The	90th day after the
May 24		2023				
ed	wonto	Alm	 te C.			
<i>7</i> (°	.00	/ (/				
		member or auti	norized represent	ative of a member	 	

Filing Fee: \$25.00