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SECRETARY OF STATE
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TO: Registrati		- CREETIER	
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SUBJECT:	BOULE		
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	Name o	I Limited Liability Company	
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Registration S	ection	Street Address:	Certificate of status & Certified Copy of (additional copy, is enclosed)
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P.O. Box 6327	r porations	Division of Corp	Orations
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- unanassee, F	L 32314	241634	manassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bam Fl 20	My. C
(<u>Name of the Limited Lin</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	y Company were filed on 5/23/2023 and assigned
Florida document number <u>L336y5352979</u>	
This amendment is submitted to amend the following	y :
A. If amending name, enter the new name of the l	limited liability company here:
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 AD	
	-
	SEE A CA
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	177
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, enter the name of the new registered:
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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

	Authorized Member			
<u>Title</u>	Name	Address	Type of Action	
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