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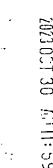
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	DUR BUSINESS 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	ndence concerning this matter	to the following:	
	Alex Siegel		
		Name of Person	
		Firm/Company	
	2200 N Federal Hwy Ste 2		
		Address	
	Boca Raton, FL 33431		
		City/State and Zip Code	
	admin@boostmybusinessno	ow.com to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	·	meation
Alex Siegel		954 7021162 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres		Street Address:	
Registration Section		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOOST YOUR BUSINESS LLC	2023 <u>007</u> 30_7"11:59
(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 $\frac{06/20/2023}{\text{Florida document number}}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	the abbreviation "L.L.C."
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, <u>enter the</u> agent and/or the new registered office address here:	e name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	

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.

Cinv

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>	<u>Address</u>	Type of Action
MGR	Russell Ingram III	2200 N FEDERAL HWY #203	□Add
		BOCA RATON, FL 33431	■Remove
MGR	ADEPT LLC	1201 ORANGE ST #600	□ Add
		WILMINGTON, DE 19108	■Remove
		 	□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□ Remove
			☐ Change
			□Add
			□ Remove
			□ Change

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