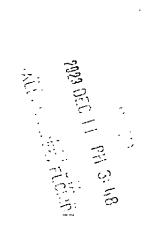
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## **COVER LETTER**

TO: Registration Se Division of Cor			
suвјест: <u>Воо</u>	H Wrw LLC Name of Limi	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:	
	Cody	Scholer Name of Person	
	Boa-	HWew UC Firm/Company	
	4022 Shuff	le Ct. Harriff	Island, Fl 32963
	Merritt Isl	and FL 329 City/State and Zip Code Can Vahoo, can to be used for future annual report notifi	76.3
	Cody Schole E-mail address: (	valor (Sture annual report notification to be used for future annual report notification)	fication)
For further information c	oncerning this matter, please co	all:	
Cody Son Name o	Iroler F Person	at ( <u>321)</u> <u>6/5</u> Area Code Daytime	- \$57   e Telephone Number
Enclosed is a check for ti	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional cupy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	27	Division of Cor The Centre of T	allahassec
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boutwear	LLC					
(Name of the Limited Liabilit (A Florida	ty Company a Limited Lie	as it now appea bility Company)	rs on our reco	ords.)		
The Articles of Organization for this Limited Liability C Florida document number <u>レ23 0003 30 6</u> 8	Company w	ere filed on	7/12/-	23	and assign	ied
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limi	ited li <u>abili</u>	ty company h	ere:			
The new name must be distinguishable and comain the words "Lim	nited Liability	Company," the c	lesignation "l.	LC" or the abbr	eviation "L.L.C	
Enter new principal offices address, if applicable:						<del></del>
(Principal office address MUST BE A STREET ADDR	RESS)					<del></del>
			<del></del>			<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office ad	dress on our r	records, <u>ent</u>	er the name	of the new r	egistered
Name of New Registered Agent:	<u></u>			· <b>-</b> ·-		
New Registered Office Address:						
		Enter Flo	rida street ada	lress		
	· · · · · · · · · · · · · · · · · · ·	City	,	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	ed Agent:					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	complete p gent as pr ed office a	erformance oj ovided for in (	f my duties. Chapter 60	and I am fai 5, F.S. Or, if	miliar with a this docupy	and gnt is
						· · -
	If Chang	ing Registered A	gent, Signatu	re of New Regis	stered Agent T	਼ <u>;</u>

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
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If an effective date is listed, Note: If the date inserte	r than the date of filing: the date must be specific and camed in this block does not meet to on the Department of State	not be prior to date of filing of the applicable statutory f	or more than 90 days after	onal)  filing.) Pursuant to 605 s date will not be list	2[[7] 0.0207-( ed as t
document s effective da	te on the Department of State	s records.			-
e record specifies a dela rd is filed.	yed effective date, but not an e	effective time, at 12:01 a.	m. on the earlier of: (b	) The 90th day afte	r the
Dated				-	•
	Signature of a mem	ber or authorized representa	tive of a member		
	-				

Filing Fee: \$25.00