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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Bobslayer 386 LLC Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Ronnika Burley Name of Person Bobs layer 386 Firm/Company 1402 Ruby St ne Address | |
| LIVE Oak PL 3201e4 | |
| City/State and Zip Code BODSQUEV 3740 amil. (OM) E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Ronnika Burley == 386, 3442505 | |
| Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| ☐ \$25.00 Filing Fee | |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ARTICLES OF ORG | DANIZATION | رتہ |
|---|---|-------------------------------|
| OF | | کر،` مین در محمد مین |
| Bobslayer381 | o LLC | 23 00] 31 194 1: 51 |
| (<u>Name of the Limited Libbility Company as</u> (A Florida Limited Liabili | it now appears on our records.) ty Company) | |
| The Articles of Organization for this Limited Liability Company were | e filed on $9/6/3$. | 3 and assign to |
| Florida document number <u>L2300414487</u> | - | • |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | company here: "Konn Robs | ika Burley 51 ayer 386 LLC |
| The new name must be distinguishable and contain the words "Limited Liability Co | ompany," the designation "LLC" of | 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 addragent and/or the new registered office address here: | ess on our records, <u>enter t</u> | ne name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | ida |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 |
|--------------|---------------|-------------------------|----------------|
| MBR | RonnikaBurley | 1402 Ruby st ne liveoak | EAdd |
| | , | FL 320164 | Remove |
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| an effectiv Sote: If t | date, if other than the date of filing: ye date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this is effective date on the Department of State's records. | r filing.) Pursuant to 605.0207 |
| record sp I is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b | The 90th day after the |
| _ | 10/3/ 2023 | |
| ated | | |
| ated | | |
| ated | Signature of a member or authorized representative of a member | 180 |
| ated | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00