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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor			
CUDIEC	Interesting	Lee LLC		
SUBJEC	- I: <u></u>	Name of Lin	nited Liability Company	<del></del>
The enclo	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Ayden Boggs		
			Name of Person	
		Interesting Lee LLC		
			Firm/Company	
		3671 sw idlewild st		
			Address	
		Dunnellon, FL 34431		
			City/State and Zip Code	<del></del>
		Spencerboggs.sb@gmail.co		
			to be used for future annual report	notification)
For furthe	er information c	oncerning this matter, please co	all:	
Ayden B	oggs		407 818-772	8
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 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 S Division of C		Registration Division of 0	
	O Box 632			orporations of Tallahaceee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Interesting Lee LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on September 21, 2023	and assigned
Florida document number L23000438991		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
Mint Tint LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	bbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	<u> </u>
		- ;
		. ,
nter new mailing address, if applicable:		,
Mailing address MAY BE A POST OFFICE BOX)		
		, )
. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the nar	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 added or removed from our records:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
		· 	□Remove
		<del></del>	□Change
			□Remove
			□ Change
<del></del>			□Add
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ective date, if other than the date o	filing:	(op	otional)
effective date is listed, the date must be spectee: If the date inserted in this block doe	not meet the applicable stat	f filing or more than 90 days at utory filing requirements, t	fter filing.) Pursuant to 605.0207 this date will not be listed as
ument's effective date on the Departme	it of State's records.	,	
cord specifies a delayed effective date, l s filed.	it not an effective time, at 1	2:01 a.m. on the earlier of:	(b) The 90th day after the
February 21	2024		
	120		-
<u> </u>			
Signatur	of a member or authorized rep	resentative of a member	

• •

Filing Fee: \$25.00