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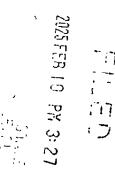
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
OUD ID OT	Boom Firev			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Caleb Dueck		
			Name of Person	-
		 	Firm/Company	
		3 Buttermilk Drive		
			Address	
		Palm Coast, Florida 32137		
		and the contract of the contra	City/State and Zip Code	
		caleb@calebdueck.com E-mail address: (to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please c	all:	
Caleb Dueck	:		701 9713062	
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	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)
	iling Addres		Street Address: Registration S	lection
Registration Section Division of Corporations		Registration Section Division of Corporations		
). Box 632		The Centre of	
l al	lahassee, l	1L 32314	2415 N. Mont	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boom Firewood LLC (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 $\frac{04/16/2024}{2}$ and assigned Florida document number L23000445864 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Dueck Ventures LLC 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __ City

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 =	Authorized	Membe

<u>Title</u>	Name	Address	Type of Action
			□Remove
			Change
	 		□Add
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ctive date, if other than the	date of filing:		(option	ral)
effective date is listed, the date muses If the date inserted in this blooment's effective date on the De	t be specific and cannot be prock does not meet the app	licable statutory fili	nore than 90 days after fi	ling.) Pursuant to 605.0
ecord specifies a delayed se 90th day after the reco		not an effective	time, at 12:01 a.	m. on the earlier
February 4	2025	·		
who but				
who have	Signature of a member or au			

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