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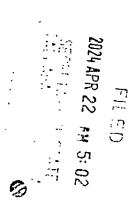
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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|----------|---|--|---|--------------|--|---|
| CUDIE | | BLISS, LLC | | | : | |
| SUBJE | C1: | Name of Lim | ited Liability Company | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please r | etum all correspo | ondence concerning this matter | to the following: | | | |
| | | Michael Becker | | | | |
| | | | Name of Person | | | |
| | | BOATERS BLISS, LLC | | | | |
| | | | Firm/Company | | | |
| | | 3807 NW 14th St. Cape Co | oral, FL 33993 | | | |
| | | | Address | | | |
| | | Cape Coral, FL 33993 | | | | |
| | | | City/State and Zip Code | | | |
| | | BOATERSBLISS@pm.me E-mail address: (| to be used for future annual report not | (fication) | | |
| For furt | her information o | concerning this matter, please c | • | , | | |
| | l Becker | - , | 707 951-9650 | | | |
| | Name o | of Person | at () | te Telephone | e Number | |
| Enclose | d is a check for t | he following amount: | | | | |
| | 5,00 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 Registration Division of C | Section | Street Address: Registration Se Division of Co | | s | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BOATERS BLISS, LLC | | |
|---|---|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L24000037533 | were filed on January 19th, 2024 | and assigned |
| riorida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | , <u> </u> |
| | | <u> </u> |
| | · | 75 70 20 Tr |
| Enter new mailing address, if applicable: | | 22 |
| Mailing address MAY BE A POST OFFICE BOX | i | |
| | | · |
| | | - ** |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the p</u> | ame of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | m. A | |
| | , Florida | 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 Authofized 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 |
|--------------|----------------|--|----------------|
| AMBR | Larry Becker | 9052 East Halifax Street, Mesa, AZ 85207 | ≅ Add |
| | | | □Remove |
| | | | □Change |
| AMBR | Aileen Beckeer | 9052 East Halifax Street, Mesa, AZ 85207 | ≅Add |
| | | | □Remove |
| | | | □ Change |
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| ir aineman | ng any other informati |)n, enter ch | ange(s) here | : (Allach add | litional sheets, | if necessary.) | |
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| If an effective Note: If the | ate, if other than the dedate is listed, the date must be date inserted in this block effective date on the Dep | oe specific and ok does not m | cannot be prior the applications and the capplications. | o date of filing o | er more than 90 da | (optional) ys after filing.) Pu nas. this date wil | rsuant to 605,0207 I not be listed as |
| e record spe rd is filed. | cifies a delayed effective | date, but not a | an effective tir | ne, at 12:01 a. | m, on the earlie | rof:(b) The 90 | oth day after the |
| Apri Dated | 1 20th, 2024 | | 12:01 a.m. | | | | |
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| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ignature of a n | nember or autho | rized representa | tive of a member | | |
| ! | Michael Becker | | Typed or printe | | | | |

Filing Fee: \$25.00