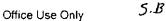
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## **COVER LETTER**

TO:

Registration Section •

Division of Cor	porations		٠.
SUBJECT: Flo		OS Ultants  ited Liability Company	LLC
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Dustin	Name of Person	
	FLA BOI (	Consultants Firm/Company	
	6622	SW 48# St.  Address	Apt. B
	Davie	Fl 33314	
	<u>dustinh</u>	avno e and all report not	ul-Com 3
For further information co	oncerning this matter, please c	all:	
Dustin &	laxho fPerson	at (954) 706 - Area Code) Daytir	9921 ne Telephone Number
Enclosed is a check for th	_		
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
		##T # 11. #HUHUU	ze zaueci, izulie UTV

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLA BOI CONS	• = • •
( <u>Name of the Limited Liability</u> ) (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L24000</u> 433	npany were filed on $\frac{\sqrt{33}}{34}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	21
·	
	12
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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>	<u>Name</u>	Address	Type of Action
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		Davie, F1. 33314	
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of tale. If the date inserted in this block does not meet the applicable statucument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0 tory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12, is filed.	:01 a.m. on the earlier of: (b) The 90th day after t
ned 2/15/24	
$\overline{\mathcal{O}}_{1}$	_

Filing Fee: \$25.00

Typed or printed name of signee