## Florida Department of State Design of Cover State Electronic Fishing Cover State

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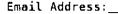
From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A&B BOOTING LLC

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## **COVER LETTER**

	Registration Se Division of Cor					
		TING LLC				
SUBJEC	.T:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter				
		LOVETTE DOBSON				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		17350 STATE HWY 249	STIE 220			
			Firm/Company	<del></del>		
			Address			
		HOUSTON, TX 77064				
			City/State and Zip Code			
		EFILE1234@INCFILE.CO				
For furth	er information c	F-mail address: ( concerning this matter, please of	to be used for future annual report no all:	statication)		
LOVET	TE DÓBSON		1 888-462-3-	153		
	Name e	d'Person	at () Area Code Dayti	me Telephone Number		
Enclosed	is a check for t	he following amount:				
□ \$25.	00 Fifing 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 Address Registration		Street Address: Registration S	ection		
Division of Corporations			Division of Corporations			
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&B BOC	OTING LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.24000095650}{1.24000095650}$ .	y were filed on 02/23/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Lumited Liab	nility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- u m a t - a t	
rida document number 1.24000095650  s amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC" are new principal offices address, if applicable:  Iter new principal offices address MUST BE A STREET ADDRESS)  Iter new mailling address MUST BE A STREET ADDRESS)  Iter new mailling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  City  If further agree to comply with a visitions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and gent the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is not filled to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is not filled to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is not filled to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is not filled to merely reflect a change in the registered agent.	.021 TA	
		rds, enter the name of the new registered    Street address
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
		F 29
agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:	Fater Florida areat address	
	Enter Florida street address	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	e performance of my duties, and provided for in Chapter 605. F	U am familiar with and S. Or, if this document is
If Cha	unging Registered Agent, Signature of	New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alexis Mecatty	517 Nw Placid Ave	<b>≅</b> Add
		Port Saint Lucie, FL 34983	□Remove
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record speci d is filed.	ĩes a delayed e	ffective date,	but not an e	:ffective time	e, at 12:01 a.n	1. on the earli	er of: (b) T	he 90th day afte	er the
	4th		20	024					
March				1	A				
Dated March				_Bries	2 Olias				
Dated March		Signatu	re of a memb	er or authoria	ed represental	ve of a membe	г		

Filing Fee: \$25.00