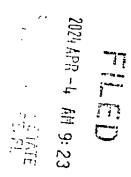
## L24000110623

Office Use Only



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## **COVER LETTER**

TO;	Registration Se Division of Cor						
SUBJE	Boss Importers LLC						
SUBJE	UI:		ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	etum all correspo	ndence concerning this matter	to the following:				
		Brandon Sircelj					
			Name of Person				
			Fitm/Company				
		10955 Ponderosa Ln					
			Address				
		Lakeland, FL, 33809					
		famouspage74578@gmail.c	City/State and Zip Code				
			to be used for future annual report not	dication)			
For furt	her information c	oncerning this matter, please ca	all:				
Brando	n Sircelj		813 7643282 at ()				
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclose	d is a check for th	ne following amount:					
<b>≡</b> \$25	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 9		Street Address: Registration Se	ection _			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boss Importers LLC

(Name of the Limited Liability Company as it now appears on our records y)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(Same of the Limited Liability) (A Florida	Limited Liability Company)	4 AFF 9: 23
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/04/2024	and assigned
Florida document number 1.24000110623	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
E-tar many mailing address if applicable.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-
Framing address MAT DE A FOST OF FICE DOM		
B. If amending the registered agent and/or registered	office address on our records, enter the	name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street uddress	
<del></del>	Florid	aZip 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Harold Weeks	4555 43rd Ave N.Saint Petersburg, FL 33714	<b>=</b> Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
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Signature of a member or authorized representative of a member	

Filing Fee: \$25.00