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COVER LETTER

TO: Registration So Division of Con					
BUTFIRS	T, BOBA LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ashley Loudner				
		Name of Person			
	BUT FIRST, BOBA LLC				
		Firm/Company			
	15816 Lancer Road				
		Address			
	Spring Hill, FL 34610				
		City/State and Zip Code			
	ashley_loudner@yahoo.com				
		to be used for future annual repo	rt notification)		
For further information of	concerning this matter, please c	all:			
Ashley Loudner		727 243-81.	5		
Name o	of Person		aytime Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 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 Address		Street Addre			
Registration Section Division of Corporations		Registration Division of	n Section Corporations		
P.O. Box 632			of Tallahassee		
Tallahassee, FL 32314		2415 N. Me	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUT FIRST, BOBA LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	n 03/11/2024 and assigned
Florida document number 1.24000122143	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ı <u>y here</u> :
Sundae Funday 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)	22
	24;
	.5
Enter new mailing address, if applicable:	93
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
Training matrices MAT BETTT COT OT THEE BOXY	
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3. If amending the registered agent and/or registered office address on o	ur records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address
	, Florida
Cin	7 in 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 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>	Name	Address	Type of Action
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			□Remove
			□ Change
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
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an effective dat lote: If the da	, if other than to e is listed, the date of the inserted in this ective date on the	must be specific s block does no	and cannot be pot meet the app	olicable statutor			.) Pursuant to 605	
record specific lis filed.	es a delayed effec	ctive date, but i	not an effectiv	re time, at 12:0:	l a.m. on the earl	ier of: (b) Ti	ne 90th day afte	r the
	2nd		2024	<u></u> •				
ated August 2	A 1	7	<i>l</i> . –					
ated August	ashu	y f	nde	<u> </u>				
August 2	ash	Gignature of	f a member or a	uthorized represe	entative of a memb	ег	· · ·	