L24000129124

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,
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2024 APR -2 PH 4: 35

COVER LETTER

TO:

TO: Registration S Division of Co			
	s Blvd LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yohan Thomas		
		Name of Person	
	Bong Bros Blvd LLC		
		Firm/Company	
	2020 opalocka blvd		
		Address	
	Opalocka, Fl 33054		
		City/State and Zip Code	
	Bongb2020135@gmail.co		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Yohan Thomas		463 249-4057	
Name o	of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Bong Bros Blvd LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L24000122724		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Bros Blvd LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2020 opalocka Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Opalocka, Fl 33054	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
muning duaress MAT DE ATOST OF THE BONY	-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nat	me of the new registered
agent and/or the new registered office address here:		me of the new registered
Name of New Registered Agent:	Enter Florida street address	me of the new registered
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address	me of the new registered
Name of New Registered Agent:	Enter Florida street address	

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
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record specifies a delayed d is filed. March 20	l effective date, but not an effect 2024	tive time, at 12:01 a.m.	on the earlier of: (b) The 9	0th day after the
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record specifies a delayed d is filed. March 20	. 2024	tive time, at 12:01 a.m.		0th day after the

Filing Fee: \$25.00