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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: BOSSLES	S BUSINESS CONSULTANT	S, LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GHISLAINE DOUZE		
		Name of Person	
	BOSSLESS BUSINESS O	CONSULTANTS, LLC	
	<u></u>	Firm/Company	
	5410 NW 88 AVE APT C	101	
		Address	
	SUNRISE, FL 33351		
		City/State and Zip Code	
	GDOUZE@BOSSLESSBU E-mail address: (JSINESS.NET to be used for future annual report noti	(fication)
For further information c	oncerning this matter, please c	all:	
GHISLAINE DOUZE		at (954) 3039182	
Name o	f Person	at (954) 3039182 Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address:	
Registration 5		Registration Se	
Division of C P.O. Box 632		Division of Col The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOSSLESS BUSINESS CONSULTANTS, I	LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 4/29/2024	and assigned
Florida document number £24000200030	<u>—</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	24t
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "LEC."
Enter new principal offices address, if applicable:		一 強 コ 三
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
		₩ 6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
The regiment of the rooters.	Enter Florida street address	
	Floria	ia
	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>	Name	Address	Type of Action
AMBR	KELCY GERMAIN	8202 NW 73RD AVENUE	
		TAMARAC, FL 33321	■Remove
			□Change
		- 	[] Add
			□Remove
			□Change
		·	🗆 Add
		·	ClRemove
			□Change
		-	□Remove
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Filing Fee: \$25.00