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COVER LETTER

SUBJECT: KC	CONTICCTIVE Name of Limit	10 LC ted Childity Company	
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Far	Name of Person	
	Kai Co	Mt Vacting, LL Firm/Company	<u>_C</u>
	8208 13 in A	te DW Address	
	<u>Broden</u>	TON, FL 3420 City/State and Zip Code	9
	E-mail address: (to	ONTYCCTINA OCH	Mail COM
For further information co	ncerning this matter, please ca	II:	
FORTH RCI	Person Person	at (913) 208- (Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

FILED

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears	2024 OCT 24—AM 8: 14
The Articles of Organization for this Limited Liability Compan		()-7-7074 and assigned DA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company he	ere:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our re	ecords, <u>enter the name of the new registe</u>
New Registered Office Address:		
	Enter Flori	rida street address
	<u> </u>	, Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this c e performance of i provided for in C	my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	Earryn Raney	8208 13th Ave NW Brudenton, FL 34209	IDAdd
			□Remove
			□Change
<u>IMBR</u>	Farryn Raney		(\overline{\sum}\alpha\dd
			□ Remove
			□Change
			□Add
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f an effective date is lis Note: If the date in:	ther than the date of sted, the date must be speci serted in this block does e date on the Departmen	ific and cannot be prior s not meet the applications.	able statutory filing	(option 90 days after the requirements, this is	ling.) Pursuant to 605	5,0207 ed as
record specifies a c d is filed.	delayed effective date, b	ut not an effective ti	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day afte	r the
Dated <u>OCTO</u>	Der 17	2024	1.			
	Signatur	re of a member or author	vrized sorresentative o	f a member		
	•		<i>_</i> '			