

L190000 53871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

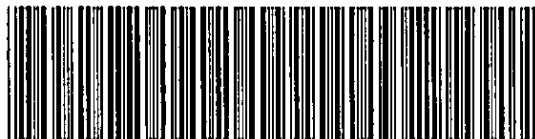
(Business Entity Name)

(Document Number)

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2019 MAR 19 P 03 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 28 2019

T. LEVIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Borea Life LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ralph Strzalkowski

Name of Person

RALPH STRZALKOWSKI ESQ

Firm/Company

320 SE 3RD ST APT A17

Address

GAINESVILLE FL 32601

City/State and Zip Code

RS@LAWYERONWHEELS.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH STRZALKOWSKI

352 2629593
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

BOREA LIFE 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 were filed on FEBRUARY 25, 2019 and assigned
Florida document number L19000053871

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NEIL SULTAN	AVENIDA AVILA APTO 1D CARACAS, MI. 1070 VE	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NISSIM NEIL SULTAN	2269 S University Drive #5274 Fort Lauderdale FL 33324	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 15 2019

Records B

Signature of a member or authorized representative of a member

RICARDO BOLAFFI

Typed or printed name of signee

View/Print Label

1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialogue box that appears. Note: If your browser does not support this function, select Print from the File menu to print the label.

2. Fold the printed label at the solid line below. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. GETTING YOUR SHIPMENT TO UPS

- Customers with a scheduled Pickup
- Your driver will pickup your shipment(s) as usual.

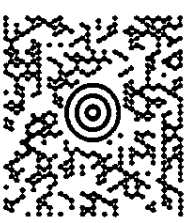


Customers without a scheduled Pickup

- Schedule a Pickup on ups.com to have a UPS driver pickup all of your packages.
- Take your package to any location of The UPS Store®, UPS Access Point™(TM) location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. To find the location nearest you, please visit the "Locations" Quick link at ups.com.

UPS Access Point™
THE UPS STORE
2603 NW 13TH ST
GAINESVILLE FL

UPS Access Point™
FLGNS-LOCKR-CIRCLE K #2726270 THE UPS STORE
3324 W UNIVERSITY AVE
GAINESVILLE FL

FOLD HERE

RALPH STRZALKOWSKI 3522629593 RALPH STRZALKOWSKI, ESQ 320 SE 3RD ST, APT A17 GAINESVILLE FL 32601		0.0 LBS	LTR	1 OF 1
SHIP TO: DIVISION OF CORPORATIONS REGISTRATION SECTION 2661 EXECUTIVE CENTER CIRCLE CLIFTON BUILDING TALLAHASSEE FL 32301				
		FL 323 0-01 		
UPS NEXT DAY AIR SAVER 1P				
TRACKING #: 1Z 75W E00 13 2240 3221				
				
BILLING: P/P				
XOL 14 01 24 NV45 04 01/2016 