

L190000 53871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

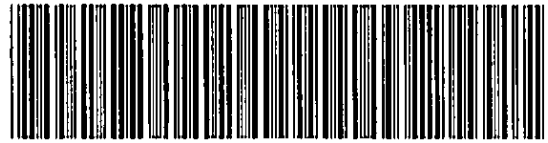
(Business Entity Name)

(Document Number)

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FILED  
2019 MAR 19 P 05  
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:

\$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:**  
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)

**2019 FEB 25**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 "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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



**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**

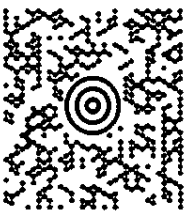


- Schedule a Pickup on ups.com to have a UPS driver pickup all of your packages.
- Take your package to any location of The UPS Store®, UPS Access Point™(TM) location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. To find the location nearest you, please visit the '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  
 4030 SW 13TH ST  
 GAINESVILLE FL

UPS Access Point™  
 THE UPS STORE  
 3324 W UNIVERSITY AVE  
 GAINESVILLE FL

FOLD HERE

RALPH STRZALKOWSKI 352629599 RALPH STRZALKOWSKI, ESQ 320 SE 3RD ST, APT A17 GAINESVILLE FL 32601	<b>0.0 LBS</b> <b>LTR</b> <b>1 OF 1</b>
<b>SHIP TO:</b> DIVISION OF CORPORATIONS REGISTRATION SECTION 2661 EXECUTIVE CENTER CIRCLE CLIFTON BUILDING TALLAHASSEE FL 32301	
	<b>FL 323 0-01</b> 
<b>UPS NEXT DAY AIR SAVER 1P</b> TRACKING #: 1Z 75W E00 13 2240 3221	
	
BILLING: P/P	
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