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## **COVER LETTER**

TO: Registration S Division of Co			
BocaVox	LLC		Filen
SUBJECT:	Name of Lim	ited Liability Company	FILED  2025 JUH 30 AM 2: 00  STALLAHASSEE, FL
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	TALLAY SESTATE
Please return all corresp	oondence concerning this matter	to the following:	massee, File
	Sue Diseker Sabat		
	<del></del>	Name of Person	
	BocaVox LLC		
		Firm/Company	
	345 Glades Circle, Suite 5	00	
		Address	<del></del>
	Weston, FL 33326		
	sue@bocavox.com	City/State and Zip Code	
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report noti all:	fication)
Sue Sabat		954 882-8021 at ()	
Name	of Person	Area Code Daytim	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 67 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassec. FL	porations Fallahassee oc Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) All 2: 01

(A Florida Limited Liability Company) BocaVox LLC The Articles of Organization for this Limited Liability Company were filed on Florida document number L03000023226 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 \_\_\_

## 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.

Cin:

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
			□Add
			□Remove
			□Change
			□ Add
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I need only to amend the amendment to correct my % of ow	mership. It should be 51% instead of 59%
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to  e: If the date inserted in this block does not meet the applicable ament's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0 de statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after
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Filing Fee: \$25.00