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Office Use Only



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SEURITZER OF STATE TALL ARASSEE, FLORIDA

S. WARREN 0CT 1 1 2017

COVER LETTER

Division of Cor	porations				
SED IPZYE	BOREA	AIS LLC			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	(OSVALDO MARTINEZ			
		Name of Person			
	O&J PRO	FESSIONAL SERVICES INC			
		Firm/Company			
	13	13550 SW 88 ST STE 150			
	Address				
	MIAMI FL 33186				
		City/State and Zip Code			
		DOEMARTINEZ@AOL.COM to be used for future annual report notific	cation)		
For further information c	oncerning this matter, please co				
OSVALDO MA	RTINEZ	305 446-4006			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	he 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)		
MAIL	ING ADDRESS:	STREET/COURIE	IR ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, Fl. 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

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

BOREA	ALIS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny a <u>y it now appear</u> liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L06000057999	were filed on	06/06/2006	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	13550 SW 88 ST STE 150			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 331	86		
	13550 SW 88 S	T STF 150		
Enter new mailing address, if applicable:	MIAMI FL 33186			
(Mailing address MAY BE A POST OFFICE BOX)				
registered agent and/or the new registered office address here Name of New Registered Agent:	<u>e</u> :			
New Registered Office Address:	Enton Elon	ida street address		
	r.mer r tor			
 	City	Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	,		•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaing filed to merely reflect a change in the registered office company has been notified in writing of this change. If Change	performance of orovided for in C address. I herel	my duties, and I am Thapter 605, F.S. G	n familiar with and ir Ifylis document is limited liability	
Page	1 of 3		· Spin · N	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
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effective	ite, if other than the date date is listed, the date must be sp	ecific and cannot be pri-	ior to date of filing or me	ore than 90 days after	filling.) Pursuant to	605.0
<u>te:</u> If the	date inserted in this block deffective date on the Departn	bes not meet the appl nent of State's recore	icable statutory filinį Js.	g requirements, this	s date will not be	listec
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record : he 90th	OCTOBER 4 OCTOBER 4 Signal	2017 2017 Delices uture of a member or aut	thorized representative		17 oct	T)
record :	OCTOBER 4 OCTOBER 4 Signal	s filed. 2017	thorized representative		724 17	-

Filing Fee: \$25.00