

108000116439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

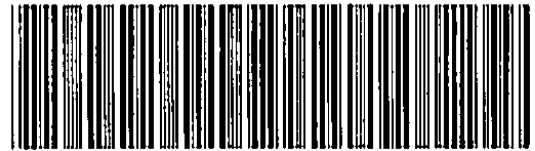
(Business Entity Name)

(Document Number)

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06/29/20--01015--027 **

2020 JUN 29 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 11 2020

TO: Registration Section
Division of Corporations

SUBJECT: Boardwalk Building, 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:

Ignacio Ramirez
Name of Person

Boardwalk Building, LLC
Firm/Company

P.O. Box 1558
Address

Okeechobee, FL, 34978
City/State and Zip Code

Rami4009@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ignacio Ramirez at (863) 697-0996
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

(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 12/23/2008 and:
Florida document number L08000116439.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

101 NW 5th Ave
Okeechobee, FL 349

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 188
Okeechobee, Florida 34973

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

Name of New Registered Agent:

Ignacio Ramirez

New Registered Office Address:

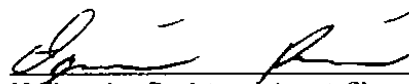
2456 NW 35th Ave

Enter Florida street address

Okeechobee, Florida 349
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Joseph Zachary Gazza	4260 SE Federal Highway	<input type="checkbox"/>
		Stuart, Florida 34997	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
AMBR	Ignacio Ramirez	2986 NW 38th Ave.	<input checked="" type="checkbox"/>
		Okeechobee, Florida 34972	<input type="checkbox"/>
			<input type="checkbox"/>
AMBR	Miguel Ramirez	1665 NW 4th St.	<input checked="" type="checkbox"/>
		Okeechobee, Florida 34972	<input type="checkbox"/>
			<input type="checkbox"/>
AMBR	Jose Jesus Ramirez	3038 NW 128th Ave.	<input type="checkbox"/>
		Okeechobee, Florida 34972	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
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			<input type="checkbox"/>

SECRETARY OF STATE
TALLAHASSEE, FL
SEP 29 2019 4:18 PM

SECRETARY OF STATE
TALLAHASSEE, FLA.

SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 01/01/2019 (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
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
document's effective date on the Department of State's records.

Dated June 15, 2020.

[Signature]
 Chief of the number one authority

Signature of a member or authorized representative of a member

Ignacio Ramirez
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00