

L12000027932

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000240636 3))



H170002406363ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : 120140600084
Phone : (305) 541-3990
Fax Number : (888) 772-8108

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOUZOA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 SEP -7 PM 4: 07
2017 SEP -7 AM 8: 49
TALLAHASSEE, FLORIDA

H17000240636 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BOUZDA LLC

Name of this 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 02/27/2012 and assigned Florida document number L12000027932

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 from and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal office 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

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

H17000240636 3

17 SEP - 7 AM 8:49
MAILSIT ROOM

H17000240636 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records.

MGR = Manager
AMGR = Authorized Member

Title	Name	Address	Type of Action
MGR	GOLDENBIR, LLC	3111 N UNIVERSITY DR STE 105 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VILLANDEVA, RAFAEL M	3111 N UNIVERSITY DR STE 105 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

17 SEP - 7 AM @ 4:9

H17000240636 3

H17000240636 3

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

Four horizontal dashed lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt of Efil data and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Date: August 2nd 2017

Signature of a manager or authorized representative of a borrower

RAFAEL M. VILLANUEVA

Type or printed name of signer

FILED
17 SEP - 7 AM @ 49
TALLAHASSEE, FLORIDA

H17000240636 3