

05/20/2014 12:54

305 485 1098

CLARA GIRALDO P.A.

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Division of Corporations

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**L13000025304**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000119382 3)))



H140001193823ABCS

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To:

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

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MAY 20 AM 8:21  
H/40001193823  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BODMPJE, LLC.

(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 02/18/13 and assigned  
Florida document number L13000025304.

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 end with 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)

6738 NW 72 Ave

MIAMI FL 33166

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:

LINA M. ESTRADA SALAZAR

New Registered Office Address:

6738 NW 72 Ave

Enter Florida street address

MIAMI

City

Florida

33166

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

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:

H14 0001193823.

MGR = Manager

AMBR = Authorized Member

| Title | Name                    | Address                                   | Type of Action                                                             |
|-------|-------------------------|-------------------------------------------|----------------------------------------------------------------------------|
| MGR   | HERNAN OROIO, CARLOS    | 5781 NW 112 AVE APT 109<br>DORAL FL 33178 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | MAZO, OLIVAR            | 5781 NW 112 AVE APT 109<br>DORAL FL 33178 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | ESTRADA SALAZAR, LINA M | 6738 NW 72 AVE<br>MIAMI FL 33166          | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR   | MAZO FRANCO, MARIA I    | 6738 NW 72 AVE<br>MIAMI FL 33166          | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                         |                                           | <input type="checkbox"/> Add                                               |
|       |                         |                                           | <input type="checkbox"/> Remove                                            |
|       |                         |                                           | <input type="checkbox"/> Add                                               |
|       |                         |                                           | <input type="checkbox"/> Remove                                            |

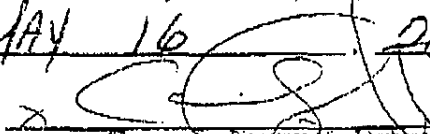
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days later  
the date this document is filed by the Florida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

Dated

MAY 16 2014



Signature of a member or authorized representative of a member

CARLOS HERNAN OSORIO

Typed or printed name of signer

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