L13000025304

Florida Department of State
Division of Corporations
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Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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BOOMPIE, LLC.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A14000193823

BOOMPIE, 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, Florida 33166.
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.

X _____
If Changing Registered Agent, Signature of New Registered Agent

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 000119382 3.

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	HERNAN OSORIO, CARLOS	5781 NW 112 AVE APT 109 DORAL FL 33178.	☐ Add ☒ Remove
MGR	MAZO, OMAR.	5781 NW 112 AVE APT 109 DORAL FL. 33178	☐ Add ☒ Remove
MGR	ESTRADA SALAZAR, LINA M	6738 NW 72 AVE MIAMI FL 33166	☒ Add ☐ Remove
MGR	MAZO FRANCO, MARIA I	6738 NW 72 AVE MIAMI FL 33166	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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 after 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 signee

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