

05/12/2015

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CLARA GIRALDO P.A.

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L13000025304

Florida Department of State
Division of Corporations
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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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOOMPIE, LLC.**

Certificate of Status	0
Certified Copy	0
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H15 000 1160002 JAN 9 05
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BOONPIE, 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 13000025304

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1801 GALLEON ST

NORTH BAY VILLAGE, FL 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1801 GALLEON ST

NORTH BAY VILLAGE, FL 33141

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:

ESTRADA SALAZAR, LINA M.

New Registered Office Address:

1801 GALLEON ST

Enter Florida street address

NORTH BAY VILLAGE, Florida 33141

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.

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

H/15 0001160313.

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	MGR ESTADA SALAZAR LINAM	6738 NW 72 AVE	<input type="checkbox"/> Add

MIAMI FL 33166 ☐ Remove

	MGR MAZO FRANCO, MARIA I	6738 NW 72 AVE	<input type="checkbox"/> Add
--	--------------------------	----------------	------------------------------

MIAMI, FL 33166 ☒ Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

H15 000 1160313.

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

CHANGE ADDRESS: UGR- ESTRADA SALAZAR, LINAM.

1801 GALEON ST

NORTH BAY VILLAGE, FL. 33141

DELETE: UGR- MAZO FRANCO, MARIA I.

6738 NW 72 AVE MIAMI FL, 33166

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

04/30/2015

* [Signature]

Signature of a member or authorized representative of a member

MARIA ISABEL MAZO FRANCO

Typed or printed name of signer

FILED
2015 MAY 12 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA