(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		}

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Ste - Freder C Kinsey

RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations

STOTAL MALLAHAVARČATU

April 24, 2021

JORGE BORRON 901 PONCE DE LEON BLVD SUITE 305 CORAL GABLES, FL 33134

SUBJECT: JORGE C. BORRON, LLC

Ref. Number: L13000095831

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The specific purpose of the entity must be set forth in the document.

The form you submitted is Articles of Conversion. If you wanting to change the business entity from a Limited Liability Company to a Professional Limited Liability Company, please complete the Amendment form to change the name. Form enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 721A00008499

COVER LETTER

Tallahassee, FL 32314

CR2E106 (05/17)

TO: Registration Division of	Section Corporations		
SUBJECT: Jo	Rge CBOK Name of Florida	LROW PLL Limited Liability Compar	LC
	es of Conversion and foompany" into an "Othe	•	
Please return all con	Contact Person		
Torq	C.BORRON	LLC Du	T. 271
Coral 6,366	Firm/Company ON (1 LedN Address Address 14 33 L	34	<i>a</i> 500
Ion	City, State and Zip Code (ED) TC BOX TON LOW	w. Com	
For further informa	tion concerning this ma	at (<u>305</u>) <u>6</u>	86-326-24896) 6-7-1727 (Office) ytime Telephone Number
Enclosed is a check	for the following amou	int:	
₽ \$25.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	S60.00 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corpora P.O. Box 6327			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JORGE CBORROW, L	LC	<u> </u>
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	P T
The Articles of Organization for this Limited Liability Company v Florida document number <u>L13000095831</u> .	vere filed on <u>7/3/2013</u>	and assigned
This amendment is submitted to amend the following:		© 3. 54 54
A. If amending name, enter the new name of the limited liabil	ity company here:	•
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	362 General Hables	(luesul 2 FL 33/34
esent address. 901 Ponce de fear Bbl. #305, CG FC 33134	(ag of 5/15/21	
Enter new mailing address, if applicable:	362 Myselfs	Mexul_ 2 F/ 33/34
(Mailing address MAY BE A POST OFFICE BOX)	Colar Michel	
`		_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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		□Remove	
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
To replet that it is a projessional Limited Lisbitity Company since the PLICIS a Law office.
Link tite Companie since the 244615
a Law office.
E. Effective date, if other than the date of filing: (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 605.0207 (3): Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 5-7-2021
Signature of a member or authorized representative of a member
Typed or printed name of signee