Division of Corporations

Florida Department of State Division of Comporations Electrobic Filing Cover Sheer

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.

(((H22000264099 3)))



H220D02640993ABC1

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 : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

Email Address: Corporate @ payalaw. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BORJA INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE FALL AHASSEE, FLORID

APPROVEU AND FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BC	DRJA INVEST	MENTS LLC	
(Name of the Limited L. (A F	iability Compar Iorida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liabili	ity Company	were filed on 12/05/2013	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liabi	lity company here:	
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	.	6911 Cairnwell Dr	
(Principal office address MUST BE A STREET Al		Boynton Beach	
		Florida 33472	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6911 Cairnwell Dr	-
		Boynton Beach	
		Florida 33472	
B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent:	ere:	address on our records, <u>enter the na</u> de Services, LLC	ame of the new registered 2022 AU
	200 S. Andrews Ave, Suite 600		
New Registered Office Address:		Enter Florida street address	デタ ラ
_		City	E Lip Code
New Registered Agent's Signature, if changing Regi	stered Agent:		• 10

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

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>	<u>Name</u>	Address	Type of Action
MGR	Manuel Borja	6911 Cairnwell Dr	□Add
		Boynton Beach	□Remove
		Florida 33472	E Change
MGR Aracelli Biles	6911 Caimwell Dr	□Aւid	
	Boynton Beach	□Remove	
	Florida 33472	■ Change	
		D∧dd	
		□Remov e	
		⊡Change	
		□∧dd	
		Remove	
		□Add	
		□Remove	
		□ Change	

. If amending any other inform	mation, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the date inserted in th	the date of filing:
he record specifies a delayed effi ord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 3	, 2022
	Signature of a member or authorized representative of a member
Ricardo Bajandas,	Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00