Florida Department of State State Comparisons Electronic Filing Coversines

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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 opbya law. Com

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

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	. Florida	
	Enter Florida street address	;
New Registered Office Address:		2
Name of New Registered Agent:		
		2023 NAY
B. If amending the registered agent and/or regiagent and/or the new registered office address h	istered office address on our records, enter the пап	ne of the new registered
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
Enter new mailing address, if applicable:		
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Principal office aggress MOST BE ASTREET A	1707(233)	
(Principal office address MUST BE A STREET A		
Enter new principal offices address, if applicable	e.	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
A. If amending name, enter the new name of the	e limited liability company here:	
This amendment is submitted to amend the following	ng:	
Florida document number 1.13000168667	·	
-	lity Company were filed on December 5, 2013	and assigned
(Name of the Limited L	iability Company as it now appears on our records.) Florida Limited Liability Company)	
BORJA INVESTMENTS LLC		

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>	<u>Name</u>	Address	Type of Action
MGR	VENEGAS, ARACELLI	6911 CAIRNWELL DR.	
		BOYNTON BEACH, FL 33472	□Remove
			©Change
MGR	BILES, ARACELLI	6911 CAIRNWELL DR.	
		BOYNTON BEACH, FL 33471	=Remove
			□Change
			⊡Add
			□Remove
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