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Division of Corporations

Florida Department of State Division of Compran

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Division of Corporations

Fax Number : (850)617-6383

From:

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

Phone

Account Number : I20040000167

Fax Number

: (305)377-0809 : (305)377-0781

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BORJA & BORJA ASSOCIATES LLC

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ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

BORJA & BORJA ASSOCIATES LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on December 6, 2013	and assigned
Florida document number 1.13000169215		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter the nat</u>	ne of the new registered
Name of New Registered Agent:		· 02511A
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code II.
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	

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	<u>Address</u>	Type of Action
MGR	VENEGAS, ARACELLI	6911 CAIRNWELL DR.	≣ Adđ
		BOYNTON BEACH, FL 33472	□Remove
		·	□ Change
MGR	ARACELLI, BILES	6911 CAIRNWELL DR.	🗆 Add
		BOYNTON BEACH, FL 33472	≣Remove
. == 4			□Change
			□Add
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ffective date, if other than th an effective date is listed, the date m Note: If the date inserted in this b	ist be specific and cannot	be prior to date of filin	g or more than 90 days af	tional) ter filing.) Pursuant to 605	3.0207
ocument's effective date on the l	Department of State's r	ecords.	y ming requirements, t	ills date will not be list	cu as
record specifies a delayed effecti d is filed.	ve date, but not an effe	ctive time, at 12:01	a.m. on the earlier of:	(b) The 90th day afte	r the
May 12	2023	· · · · · · · · · · · · · · · · · · ·			
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