

04/23/2015

07:00

TO:18506176383

FROM:9545102072

Page: 2

H15000098862 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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.

(((H15000098862 3)))



H150000988623AB06

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 : GFB TAX SERVICE LLC

Account Number : 120120000047

Phone : (754)246-6160

Fax Number : (954)510-2072

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

Email Address: gastonbelen@gfbtaxservice.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOLARES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

FILED

15 APR 23 PM 4:09

APR 24 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

H15000098862 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BOLARES LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GASTON BELEN

Name of Person

GFB TAX SERVICE LLC

Firm/Company

2200 N. COMMERCE PARKWAY, SUITE 200

Address

WESTON, FL 33326

City, State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN

Name of Person

754 246-6160

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
15 APR 23 PM 4:09
TALLAHASSEE, FL
CLERK OF THE COURT

04/23/2015

07:00

TO:18506176383 FROM:9545102072

Page: 4

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H15000098862 3

BOLARES 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 12/23/2013 and assigned
Florida document number L13000175826.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1780 NE 191ST STREET#409-C2NORTH MIAMI, FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1780 NE 191ST STREET#409-C2NORTH MIAMI, FL 33179

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:

GFB TAX SERVICE LLC

New Registered Office Address:

2200 N. COMMERCE PARKWAY, SUITE 200

Enter Florida street address

WESTON

City

Florida 33326

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 affirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H15000098862 3

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	MARIO R SZWARC	8855 COLLINS AVE	☐ Add
		MIAMI, FL 33154	☐ Remove
MGR	ELISA BARALYA DESSENO	1780 NE 191ST STREET	☐ Add
		#409-C2	☐ Remove
		NORTH MIAMI, FL 33179	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

APR 23 PM 4:09
FILED

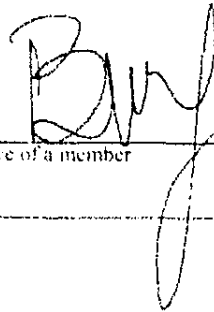
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE MANAGERS OF THIS COMPANY WILL NOT HAVE THE POWER TO SELL,
TRANSFER, DISPOSE, CONVEY OR OTHERWISE ENCUMBER ANY OF THE
COMPANY'S PRESENT OR FUTURE REAL ESTATE PROPERTY WHICH
SHALL REQUIRE WRITTEN APPROVAL BY ACT OF ALL THE MEMBERS.

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 APRIL 22 2015



Signature of a member or authorized representative of a member

GASTON F. BELEN

Typed or printed name of signee

FILED
15 APR 23 PM 4:09
CORPORATE SERVICES
TALLAHASSEE, FLORIDA