

H15000098883 3

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

# L15000049255

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.

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : GFB TAX SERVICE LLC  
Account Number : I20120000047  
Phone : (754)246-6160  
Fax Number : (954)510-2072

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 APR 23 AM 8:30

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\*\*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 I, LLC

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

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15 APR 23 AM 10:00  
BUREAU OF CORPORATE  
INFORMATION SERVICES

APR 24 2015  
J. HARRIS

COVER LETTER

H15000098883 3

TO: Registration Section,  
Division of Corporations

SUBJECT: **BOLARES 1, 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**

**754 246-6160**

Name of Person

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

H15000098883 3

04/23/2015

06:56

TO: 18506176383 FROM: 9545102072

Page: 4

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H15000098883 3

**BOLARES 1, 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 03/18/2015 and assigned  
Florida document number L15000049255

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1780 NE 191ST STREET

#409-C2

NORTH MIAMI, FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1780 NE 191ST STREET

#409-C2

NORTH 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

Florida 33326

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H15000098883 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	<input type="checkbox"/> Add
		MIAMI, FL 33154	<input checked="" type="checkbox"/> Remove

MGR	ELISA BARALYA DESSENO	1780 NE 191ST STREET	<input checked="" type="checkbox"/> Add
		#409-C2	<input type="checkbox"/> Remove
		NORTH MIAMI, FL 33179	

☐ Add☐ Remove

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SECRETARY OF STATE

☐ Add☐ Remove☐ Add☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H15000098883 3

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

Page 3 of 3

Filing Fee: \$25.00

H15000098883 3

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