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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	ocument Number))
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11/17/15--01013--004 **25.00



COVER LETTER

Division of Corporations					
SUBJECT	BOSSA NOV	A HOMES LLC			
			ed Liability Company		
The enclos	ed Articles of A	mendment and fee(s) are subm	itted for filing.		
Please retu	rn all correspond	dence concerning this matter to	the following:		
		Julia Greenberg-Aguilar			
Name of Person					
MyUSACorporation.com					
Firm/Company					
1 Radisson Plaza, Suite 800					
			Address		
New Rochelle, NY 10801					
City/State and Zip Code			***		
ontargetbizsolution@msn.com					
		E-mail address: (to	be used for future annual r	eport notification)
For further	information con	cerning this matter, please cal	l:		
Julia Greenberg-Aguilar 877 330-2677 at ()					
Name of Person Area Code Daytime Telephone Number		hone Number			
Enclosed is	s 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

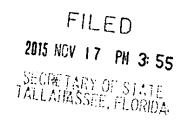
TO:

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	BOSSA NOVA HOMES LLC			
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L Florida document number		and assigned and assigned		
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	of the limited liability company he	ere:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	esignation "L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	·		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new		
Name of New Registered Agent:	Livia S Ballou			
New Registered Office Address:	600 NW 166th Ave			
	Enter Florida street address			
	Pembroke Pines	, Florida ³³⁰⁶³		
	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

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	Address	Type of Action
AMBR	Maria J Silva	3102 Merrick Terrace	
		Margate, FL 33063	■ Remove
			□ Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			
			□ Remove
			☐ Change
			Add
			Remove
			Change
			
			□ Remove
			☐ Change

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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(If an <u>No</u> 1	ective date, if other than the date of filing:	605.0207 listed as	' (3)(b) the)
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea he 90th day after the record is filed.	arlier of	f:	
Dat	ed October 15 , 2015 .			
	Signature of a member or authorized representative of a member	_		
	Livia S Ballou			
	Typed or printed name of signee	-		

Page 3 of 3

Filing Fee: \$25.00