

LIS000190331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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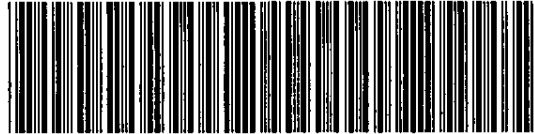
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 24 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rocam Bolesco, 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:

Pablo Hernandez
Name of Person

Rocam Bolesco, LLC
Firm/Company

1746 Meridian Ave. Ste 88
Address

Miami Beach, FL 33139
City/State and Zip Code

Resarpado23 @ HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Melamed at 305 496.6948
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bocam Bolesco, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on Nov. 10, 2015 and assigned Florida document number L15000190331

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 contain 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)

1746 Meridian Ave.
Ste. 88
Miami Beach, FL. 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1746 Meridian Ave
Ste 88
Miami Beach, FL 33139

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:

Mariano Fragni

New Registered Office Address:

1050 93rd Street Ste. 3D

Enter Florida street address

Bay Harbour, Florida 33154

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.

Mariano Fragni
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

Title	Name	Address	Type of Action
MGR	Ingrid Matos	5803 Parkwalk Dr. Boynton Bch, FL 33472	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Sonia Melamed	5803 Parkwalk Dr. Boynton Bch, FL 33472	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Sonia Melamed	5803 Parkwalk Dr. Boynton Bch, FL 33472	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Sonia Melamed	1746 Meridian Ave. Ste. 88 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Pablo Hernandez	1746 Meridian Ave. Ste. 88 Miami Beach FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Pablo Hernandez	1746 Meridian Ave Ste. 88 Miami Beach FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

Sonia Melamed
Typed or printed name of signee

Typed or printed name of signee

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