

L15000204148

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2016 AUG 18 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOOSTER MIND 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:

FABIO SODRE JUNIOR

Name of Person

BOOSTER MIND LLC

Firm/Company

6354 MIRAMONTE DR, # 102

Address

ORLANDO, FL - 32835

City/State and Zip Code

FJ@DB4.COM.BR

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

For further information concerning this matter, please call:

FABIO JUNIOR

Name of Person

at (407)

Area Code

970-9487

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BOOSTER MIND LLC

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

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2016 AUG 18 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/12/2015 and assigned
Florida document number L15000204148.

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)

7657 MOUNT CARMEL DR

ORLANDO, FL - 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7657 MOUNT CARMEL DR

ORLANDO, FL - 32835

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:

FABIO SODRE JUNIOR

New Registered Office Address:

7657 MOUNT CARMEL DR

Enter Florida street address

ORLANDO

City

Florida

32835

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.

Fabio W. S. Sodre Junior
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

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2016 AUG 18 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FL 32310

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>FONSECA, CARLOS ALBERTO</u>	<u>2815 BERGENFIELD COURT</u> <u>ORLANDO, FL - 32835</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>SANTOS, VICTOR</u>	<u>6310 CASTELVEN DR #104</u> <u>ORLANDO, FL - 32835</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>NASCIMENTO, ROBSON</u>	<u>6372 SAN LAZARO CT. #104</u> <u>ORLANDO, FL - 32835</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>BONI, DIOGO</u>	<u>8063 TIBET BUTLER DR</u> <u>WINDERMERE, FL - 34786</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>JARDIM, JOSE EDUARDO</u>	<u>6354 MIRAMONTE DR #102</u> <u>ORLANDO, FL - 32835</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>JUNIOR, FABIO SODRE</u>	<u>7657 MOUNT CARMEL DR</u> <u>ORLANDO, FL - 32835</u>	<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.)

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2016 AUG 18 PM 5:03
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TALLAHASSEE, FLORIDA

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 ORLANDO 08/15, 2016.

Diogo Boni

Signature of a member or authorized representative of a member

Diogo Boni

Typed or printed name of signee