

L16 000046523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

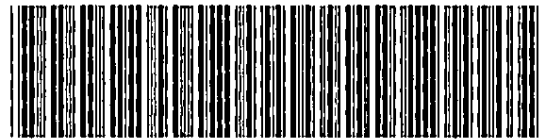
Special Instructions to Filing Officer:

12/28

W2000001HCH3

Office Use Only

Wrong
Fem



000354385140

11/02/20--01022--008 **35.00

99

FILED

2020 DEC 28 P 2:52

LLC

NC & Amend

2/5/21

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2020

A. PESTANO
4614 N HAITUS RD
SUNRISE, FL 33351

SUBJECT: BOEDO STREET HOLDINGS LLC
Ref. Number: L16000066523

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 120A00025055

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boedo Street Holdings 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:

A. Pestano

Name of Person

BSSN

Firm/Company

4612 N. HIATUS Rd

Address

Sunrise FL 33351

City/State and Zip Code

tony.pestano@bssnusa.com

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

For further information concerning this matter, please call:

A. Pestano

Name of Person

at (954)

Area Code

578-0016

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Boedo Street Holdings 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 04/04/2016 and assigned Florida document number L16000066523.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Boedo ST Real Estate Holdings LLC

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)

4612 N, HIATUS RD
SUNRISE FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4612 N, HIATUS RD
SUNRISE FL 33351

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:

New Registered Office Address:

Enter Florida street address:

City

Florida

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

FILED
2020 DEC 28 P 2:52
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

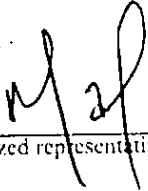
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Precone, Faundo	Baldomero fdz Moreno 3766	<input type="checkbox"/> Add
		Caba, Buenos Aires	<input checked="" type="checkbox"/> Remove
		Argentina	<input type="checkbox"/> Change
MGR	Precone, Mario L	Baldomero fdz Moreno 3766	<input checked="" type="checkbox"/> Add
		Caba, Buenos Aires	<input type="checkbox"/> Remove
		Argentina	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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.)*

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 10/27 , 2020



Signature of a member or authorized representative of a member
Mario L. Precone, Mgr.

Typed or printed name of signer