LITOUDDOASS

(Re	questor's Name)	
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. (Ви	siness Entity Name)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates o	f Status
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SECRETARY OF STATE-TAUL'AHASSEE, ELORIOA

APR 05 2017 S. YOUNG

COVER LETTER

TO: Registration S Division of C		•	
cun icor.	Baralli		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Anc	Name of Person	70
		BORO LLC Firm/Company	
	PoBo	0× 22972 Address	
	St. Pe-	te FL 337	42 BR-1
	Bopo E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please co	alf:	£.
Andrea	tochlmann of Person	at (8)3) 739 Daytime	Telephone Number
Enclosed is a check for	_		
(左)\$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)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bopo 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 02/07/2017 and assigned Florida document number 117000030285
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) (Principal office address MUST BE A STREET ADDRESS) (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
17 APR
B. If amending the registered agent and/or registered office address on our records, enter the name of 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

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** <u>Name</u> **Address Type of Action** Victor Bolivar □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Chang □ Add ☐ Remove ☐ Change □ Add □ Remove

_□ Change

		
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Effective date, if other than the date	e of filing:	(optional)
Note: If the date inserted in this block of	specific and cannot be prior to date of filing or more than 90 does not meet the applicable statutory filing requiren	nents, this date will not be listed as th
document's effective date on the Depart	tment of State's records.	
ne record specifies a delayed eff	fective date, but not an effective time, at	12:01 a.m. on the earlier of:
The 90th day after the record	is filed.	
Dated 3 / 29	, 2017.	
A		
Sign	nature of a member of authorized representative of a memb	per
D.B.		

Page 3 of 3

Filing Fee: \$25.00