L17000047641

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DATE:

3/16/17

NAME:

BOGHOS LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	BOGHOS L	LC	,	
Bearen,		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please returi	n all correspon	dence concerning this matter t	o the following:	
		ANDRES WECKSLER		
		**************************************	Name of Person	
			Firm/Company	
		200 Leslie Drive #515		
			Address	
		Hallandale, Floirda 33009	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
Amy Mora	n		305 588-1172	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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



BOGHOS LLC

(Name of the Limited Liability Company as it now appears un our records.)

(A Florida Limited	Liability Company)	The Floring
The Articles of Organization for this Limited Liability Company Florida document number L17000047641	were filed on March 3, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
intering united harry 315 FT COST OF THEE BOX		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		er the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7 in Code
New Registered Agent's Signature, if changing Registered Agent		zip cinic
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this capacity. I further to be performance of my duties, and I at provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Yervant Bughossian	200 Leslie Dr. #515	Add
		Hallandale, Florida 33009	™ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			20 Remove
			Remove Add Add Remove
			Change
			□ Change
			Add
			☐ Remove
			☐ Change

Tective date, if other than the date of filing: March 15, 2017 (optional) In 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 ofce: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as secured as a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Signature of a member of authorized representative of a member								
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