L17000180992

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02/07/22--01020--025 **25.00

22 FFR -7 PN 3: 12

T. MATTHEWS FEB 2 1 2022

COVER LETTER

TO: Registratio Division of	ion Section ' of Corporations '	
BOLS		₹
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	les of Amendment and fee(s) are submitted for filing.	
Please return all corn	rrespondence concerning this matter to the following:	
	CAMILO MORA	
	Name of Person	
	BOLS ELC	
	Firm/Company	
	244 Landing Blvd	
	Address	
	Weston, FL 33327	
	City/State and Zip Code	
	camilo.mora@bols.co	
	E-mail address: (to be used for future annual report notification)	
For further informat	tion concerning this matter, please call:	
Ana Maria Perez	786 319-1950	
N ₂	Same of Person Area Code Daytime Telephone N	umber
Enclosed is a check	k for the following amount:	
■ \$25.00 Filing F	Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy is enclosed)).00 Filing Fee, crificate of Status & crified Copy ditional copy is enclosed)
<u>Mailing A</u> Registrat	Address: Street Address: ation Section Registration Section	
	n of Corporations Division of Corporations	
P.O. Box		
Tallahass	ssee, FL 32314 2415 N. Monroe Street, S	ane 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ORGANIZATION " 22 FEB -7 PH 3: 12

Bols LLC		<u> </u>
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recordinated Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	mpany were filed-on 8/24/2017	and assigned
Florida document number L17000180992	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records. ente	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		Torida
	Ciņ	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 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>	Address	Type of Action
MGR	Felipe Uribe	KM 14 Via Las Palmas, Urbanizacion Villas de la	□Add
		Calendaria, Casa 62, Envigado, Antioquia, Colombia	□Remove
			= Change
			🖾 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			©Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change

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Filing Fee: \$25.00