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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	STMENTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plense return all correspo	ondence concerning this matter	to the following:	
	RUBEN G. LARA		
	_	Name of Person	· • • • • • • • • • • • • • • • • • • •
	BOZ INVESTMENTS, LL	.c	
		Firm/Company	···
	7001 NW 84 AVENUE		
		Address	
	MIAMI, FL 33166		
		City/State and Zip Code	
	ANANDB@BELLSOUTH		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ea	all;	
RUBEN G. LARA		305 216-0100 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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		Street Address:	etion
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B	BOZ INVESTMENTS, LLC	
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit		and assigned
his amendment is submitted to amend the following	<u>r</u> :	
A. If amending name, enter the new name of the	limited liability company here:	8
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		<u> </u>
<u>Principal office address MUST BE A STREET AL</u>	ODRESS)	
		<u> </u>
Enter new mailing address, if applicable:		m t.
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registongent and/or the new registered office address her		name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
	€ ar	7.17 C 1744

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>	<u>Address</u>	Type of Action
MBRD	VICTOR E. LARA	7001 NW 84 AVENUE	□Add
		MIAMI, FL 33166	■Remove
			Change
MBRD	JUAN J. LARA	7001 NW 84 AVENUE	
		MIAMI, FL 33166	■Remove
			□Change
·			DAdd
			Change
			□Remove
			Change
			Change
			
			Remove
			Change

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Tective date, if other than the date of filing:	(optional) Giling or more than 90 days after filing 1 Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statucument's effective date on the Department of State's records.	utory filing requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12 is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
ted AUGUST 5, 2025	
\)	

Typed or printed name of signee