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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: BOK	UNQUEN PLAZ	A LLC nited Liability Company	
500,501, <u></u>	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GREG	ORY ROSARIO Name of Person	<u>,</u>
		Firm/Company	
	12034 41	ETA LN Address	
	ORLANDOS	FL 32827 City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	(to be used for future annual report not	ification)
<u>Lu</u>	ISDAVILA	at (<u>467</u>) <u>933</u> - Area Code Daytir	-0307
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	he following amount:		
□ \$25.00 Filing Fee		[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BORINQUEN PLAZALLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on 11/03/2017	and assigned
Piorida document namoci		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
		2021 SEL
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	aboreviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		S OI :
Enter new mailing address, if applicable:		. 8
(Mailing address MAY BE A POST OFFICE BOX)	···	8
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the m	ame of the new registered
New Registered Office Address:		
	Enter Fiorida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	(u)	Mp conv
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and La ovided for in Chapter 605, F.S. (m 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 fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	WILL TANG	11555. VOLUSIA AVE	X Add
		ORANGE CITY, FL 32763	3 □Remove
			□Change
			🗀 Add
			□Remove
			CIIChings 20 10 10 10
·			Town T
			CO Remove
			Sic Remove
			Clade S
			DAdd
			Петюче
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			□Add
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			Change

		
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date o Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	(optional) filling or more than 90 days after filling.) Pursuant to utory filling requirements, this date will not be	o 605.0207 e listed as
accument's enective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 1 rd is filed.	2:01 a.m. on the earlier of: (b) The 90th day	after the
Dated OCTOBER 5 . 2021 .		
Signature of a member or authorized rep	presentative of a member	_
WILL TONG Typed or printed name	of signee	

Filing Fee: \$25.00