

305-533320  
1/29/2016

(9:06:05 p.m.) 01-29-2016

L18000021450

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000348153)))



H180000348153ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : 18501617-6383

From:  
Account Name : GENERAL SOLUTIONS INC  
Account Number : 120140000086  
Phone : (305)255-3310  
Fax Number : (305)255-3320

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: blanca@general-solutionsinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BORI STOP, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

RECEIVED

JAN 30 2018

Electronic Filing Menu Corporate Filing Menu

Help

FILED  
18 JAN 30 PM 2:49  
TALLAHASSEE, FLORIDA

JAN 31 2016

Y SULKER

H 180000348153

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BORI STOP, 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 01/23/18 and assigned  
Florida document number L18000021450

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BORICUA STOP, LLC

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or 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

716 0000 270123

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> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

18 JAN 30 PM 2:49  
SOUTH FLORIDA  
ASSOCIATION

H18 0000 348153

#180000 348/53