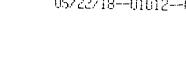
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Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER NAY 2 4 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Bochengi	ited Liability Company	limited liability company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ra	u/G. Menduza,	Esq.
	<u>Raul</u> (n. Mendoza, P	P. A.
	2600 Dougle	as Road Suite	400
		TELLS FL 3313 City/State and Zip Code OP PONCETHE. Cut to be used for future annual report notif	9M
For further information of	concerning this matter, please co		(Cultival)
GUISEILA DE	SOUZA of Person	at (<u>908</u>) <u>361 - S</u> Area Code Daytime	7173 Telephone Number
Enclosed is a check for t	he 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

Bochengi, L	
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2516 N Greenway Drive Coral Gables, FL 33134
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2516 N Greenway Drive Coral Gables, FL 33134
registered agent and/or the new registered office address here Name of New Registered Agent:	Greenway Drive 22 Property Control of the Control o
New Registered Agent's Signature, if changing Registered Agent:	City Ziggode Dis

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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Change
			Add
			☐ Remove
			Change
			Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
PLEASE UPDATE ADDRESS FOR	_
FOLLOWING AMBR (AUTHORIZED MEMBERS)	- -
MARKO BLAGOJEVIC: 2516 N GREENWAY DRIVE CORAL GABLES FL 33134	_
WALL GABLES PL 33154	_
CAROLINA MARAZZI: 2516 N GREENWAY DRIVE	_
CORAL GABLES FL 33134	_
	338 42 338 42 34 34 34 34 34 34 34 34 34 34 34 34 34
MAY 22	
	500 500 500 500 500 500 500 500 500 500
99 5	#25 # 25 25 C
W	-
	_
Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl) The 90th day after the record is filed.	lier of:
Dated May 21st . 2018.	
Signature of a member or authorized representative of a member	
MARKO BLAGOJEVIC	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00