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LORETARY OF STATE

2018 MAY 25 PM 4: 32

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BOYSO CO LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Saul Berrios
Bersaca
Firm/Company
2844 Sweetspire Circle
Address
KISSIMMEE FL 34746
BERSACA O YAHOO, COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Casey Loo at (407) 2358952  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int_{\text{S25.00 Filing Fee}} \int_{\text{S30.00 Filing Fee}} \int_{\text{S30.00 Filing Fee}} \int_{\text{S30.00 Filing Fee}} \int_{\text{S40.00 Filing Fee}} \int_{\text{S40.00 Filing Fee}} \int_{\text{S60.00 Filing Fee}} \int_{\text{Certificate of Status}} \int_{\text{Cadditional copy is enclosed}} \int_{\text{S40.00 Filing Fee}} \int_{\text{Certificate of Status}} \int_{\

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

Bersaca L.L.C.
(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) appany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>USOOOSC</u>	on 3/29/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	any here:	
Bersaca LLC		
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		2018
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
	<u> </u>	25
	E G	P
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	ယ် - လ
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the	name of the ne
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
E	nter Florida street address	
	, Florida	Lip Code
City	/	лр Соае
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act i provisions of all statutes relative to the proper and complete performa accept the obligations of my position as registered agent as provided f being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ince of my duties, and I am fami for in Chapter 605, F.S. Or, if th	liar with and his document is
16 Charaina Dania	torad Yuant Signature of New Registr	ered Ageni

If amedding 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
MAR	Saul Berrios	2844 Sweetspire	Circle
		2844 Sweetspire Kissimmee FL	Remove
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lf an effective	late, if other the date is listed, the	date must be speci-	fic and cannot be pri	or to date of tiling or	more than 90 days after	er filing.) Pursuant to	605.0207 (3)(b)
Note: If the document's	e date inserted it s effective date o	i this block does in the Departmer	not meet the appi it of State's record	icable statutory iii ls.	ing requirements, th	us date will not be	nsted as the
he record The 90t	specifies a d th day after th	elayed effect ne record is f	ive date, but r ìled.	not an effective	time, at 12:01	a.m. on the ea	rlier of:
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Filing Fee: \$25.00