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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

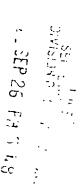
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COVER LETTER

TO: Registration Section Division of Corporations **BOLIVER SERVICES 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: Bruno Caldas de Oliveira Name of Person **BOLIVER SERVICES LLC** Firm/Company 2059 sw 15th street #225 Address Deerfield Beach, FL, 33442 City/State and Zip Code KARIME2SALES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bruno Caldas de Oliveira Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOLIVER SERVICES LLC		
(Name of the Limited Liabilit (A Florida	у Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/29/2018	and assigned
lorida document number L18000081495	_·	<u> </u>
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
1		
e new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u></u>	٠ 5
rincipal office address MUST BE A STREET ADDR	ESS)	() () () () () () () () () () () () () (
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ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		<u>-</u> -
_		- C.
If amending the registered agent and/or registered ent and/or the new registered office address here:	office address on our records, enter the	name of the new regist
1		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	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

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>	Address	Type of Action
MGR	REGIANE C.DE M.DELESPOSTI	2059 sw 15th street #225, Deerfield Beach, FL 33442	! □Add
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			_ Change
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ctive date, if other than the	date of filing:	(optional)
effective date is listed, the date mus e: If the date inserted in this bk	be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fil	more than 90 days after filing) Possesses to 66
ament's effective date on the De	partinent of State's records.	
ord specifies a delayed effective filed.	edate, but not an effective time, at 12:01 n.n	n. on the earlier of: (b) The 90th day af
AUGUST 31	2022	
7	~ EN 18/10	
- FUM INT	signature of a member or authorized representat	