

L18000115681

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.

(((H18000173559 3)))



H180001735593ABC6

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 : (850) 617-6353

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305) 541-3900
Fax Number : (888) 772-8108

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
3BOOMERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

B FIGUEROA

JUN 11 2018

RECEIVED

2018 JUN -8 PM 4:00

40

FILED

2018 JUN -8 PM 1:00

DEPT OF STATE

H18000173559 3

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

3BOOMERS 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 05/08/2018 and assigned
Florida document number L18000115681

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

1549 NE 123RD ST

NORTH MIAMI, FL 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1549 NE 123RD ST

NORTH MIAMI, FL 33161

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

Florida

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

Page 1 of 3

H18000173559 3

H18000173559 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	ROCHA LIMA E SILVA, ADRIANO	9839 NW 32ND ST	☐ Add
		DORAL, FL 33172	☒ Remove
AMBR	ROCHA LIMA E SILVA, ADRIANO	1549 NE 123RD ST	☒ Add
		NORTH MIAMI, FL 33161	☐ Remove
AMBR	OLIVER SANTOS, RAFAEL	9839 NW 32ND ST	☐ Add
		DORAL, FL 33172	☒ Remove
AMBR	OLIVER SANTOS, RAFAEL	1549 NE 123RD ST	☒ Add
		NORTH MIAMI, FL 33161	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

H18000173559 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE, 4TH 2018



Signature of member or authorized representative of a member
ADRIANO ROCHA LIMA E SILVA

Typed or printed name of signee

Page 3 of 3

FILED
2018 JUN -8 PM 1:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

H18000173559 3