

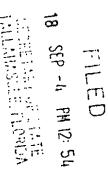
(F	Requestor's Name)
	Address)
(<i>P</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
3)	Business Entity Name)
1)	Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO:

	Registration Se Division of Cor			
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SUBJEC	.T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Jesus Torres		
			Name of Person	
		1861 NW S River Dr #1403	Firm/Company	
		1001 IVVV 3 KIVEL DI #1403	,	
		Miami FL 33125	Address	
		adi@homeluxre.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Adianez	: Posada		305 753-7440	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n

Tallahassee, FL 32314

Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOHO BAR LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 07-09-18 and assigned
Florida document number L18000165700	
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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1200 Brickell Ave
Principal office address MUST BE A STREET ADDRESS)	Suite 1800
	Miami FL 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEP-L-P
Staning duaress SIAT BE A POST OFFICE BOX)	5: 2
3. If amending the registered agent and/or registered of 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jesus Torres	1200 Brickell Ave #1800	
		Many 151 20404	
		Miami FL 33131	—
			□ Remove
			Change
	Julio Torres	1200 Brickell Ave #1800	d change
AMBR			■ Add
		Miami FL 33131	
			Remove
CH	Charbel Saghira	1200 Brickell Ave #1200	_
AMBR			
		Miami FL 33131	
			Remove
			☐ Change
AMBR	Adianez Posada	1200 Brickell Ave #1200	
		Miami FL 33131	Add Add
		Midiff E 5070;	Remôve
			- Change
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	08-29-18		
ective date, if other than th			(optional)
reffective date is listed, the date on	ust be specific and cannot be prior	to date of filing or more than 90 da	(optional) ys after filing.) Pursuant to 605.020
te: If the date inserted in this temperature on the l			nts, this date will not be listed a
record specifies a delaye he 90th day after the re		t an effective time, at 12	2:01 a.m. on the earlier o
August 29	2018		
		 '	
/•			

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Typed or printed name of signee

Filing Fee: \$25.00