

L18000 209677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

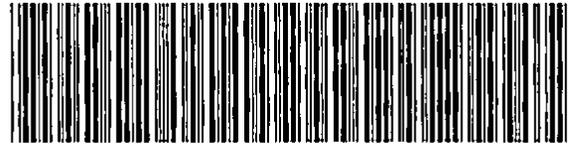
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/19/19--01031--002 **25.00

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2019 FEB 19 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COIN STUDIO MIAMI 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:

THOMAS A FUENMAYOR CHACON

Name of Person

Firm/Company

9600 NW 25TH ST STE 3A

Address

DORAL, FL 33172

City/State and Zip Code

fuenmayorthomas@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS A FUENMAYOR CHACON

786 838-7210

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FILED

COIN STUDIO MIAMI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 FEB 19 AM 11:25

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned Florida document number L18000209677.

This amendment is submitted to amend the following:

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

BOLIVAR ASSETS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9600 NW 25TH ST STE 3A

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

THOMAS ALBERTO FUENMAYOR CHACON

New Registered Office Address:

9600 NW 25TH ST STE 3A

Enter Florida street address

DORAL

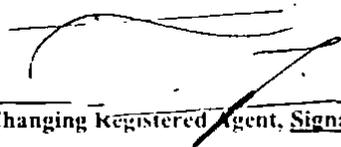
City

Florida 33172

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 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

Identifying 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>	<u>Type of Action</u>
<u>MGR</u>	<u>THOMAS A FUENMAYOR</u>	<u>9600 NW 25th ST STE 3A</u>	<input type="checkbox"/> Add
		<u>Doral, FL 33172</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>THOMAS ALBERTO FUENMAYOR CHACON</u>	<u>9600 NW 25th ST, STE 3A</u>	<input checked="" type="checkbox"/> Add
		<u>Doral, FL 33172</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Lined area for amending information.

02-14-2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (. . .)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 02-12

2019

Handwritten signature

Signature of a member or authorized representative of a member

THOMAS ALBERTO FUENMAYOR CHACON

Typed or printed name of signee