

L18000218686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

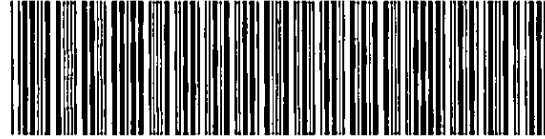
(Business Entity Name)

(Document Number)

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2018 DEC -3 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOMSERCA USA 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:

ELIECER L NERY

Name of Person

BOMSERCA USA LLC

Firm/Company

1067 UNIVERSAL REST PLACE

Address

KISSIMMEE, FL 34743

City/State and Zip Code

enery2002@hotmail.com

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

For further information concerning this matter, please call:

ELIECER L NERY

Name of Person

321

at (_____) _____

Area Code

317-9827

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

2018 DEC -3 PM 3:44

BOMSERCA USA LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 09/13/2018 and assigned
Florida document number L18000218686.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1067 UNIVERSAL REST PLACE

(Principal office address **MUST BE A STREET ADDRESS**)

KISSIMMEE, FL 34743

Enter new mailing address, if applicable:

1067 UNIVERSAL REST PLACE

(Mailing address **MAY BE A POST OFFICE BOX**)

KISSIMMEE, FL 34743

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:

1067 UNIVERSAL REST PLACE

Enter Florida street address

KISSIMMEE

Florida

34743

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ELIECER L NERY	1067 UNIVERSAL REST PLACE KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated NOVEMBER 28 2018

RUBEN D SANABRIA ORTIGOZA

Filing Fee: \$25.00