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R. WHITE MAR 0 4 2019

COVER LETTER

Full The enclosed Articles of	Name of Lim	ited Liability Company			
The enclosed Articles of					
	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ariaddne Rausseo				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	MMBR				
	Firm/Company				
	2571 Bittle Way				
		Address			
	St. Cloud, F1, 34769				
	ariaddnerausseov@hotmail.	City/State and Zip Code .com			
	E-mail address: (to be used for future annual report notif	ication)		
or further information e	oncerning this matter, please ca	all:			
Ariaddn Rausseo		305 812-6940			
Name of Person			Telephone Number		
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\$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, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2019 FEB 25 PH 5: 10

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

(A Florida Limited Liability Company) Boston Innovation HUB, LLC The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number 1,19000035464 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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

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> Eduardo J Vivas Gonzalez.	Address 9 Cardinal Drive	Type of Action
AMBR		Playmouth, MA: 02360 23	Add
			■ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Remove
			□ Change
			DAdd
			□ Remove
			□ Change
			☐ Remove
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			Change

