## h19000048635

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u> </u>
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	BOSA	ALG LLC	
SUBJECT:	NI CIT	. 11:12: O	
	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:	
	RAMIRO F. BOHORQUE	EZ.	
		Name of Person	
	BOSALG LLC		
		Firm/Company	
	185 SW 7 ST # 3102		
		Address	<del></del>
	MIAMI, FL 33130		
	RAFEBO63@ICLOUD.CO	City/State and Zip Code DM	
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
RAMIRO F. BOHORQU	JEZ	786 340-9028	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fec	☐ \$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 Addres		Street Address:	
Registration S Division of C		Registration Solution of Co	
P.O. Box 632	-	The Centre of	•
Tallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOSALG LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp  L19000048635  Plorida document number	any were filed on	02/19/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited I	.iability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u>.</u> ., -	
Enter new mailing address, if applicable:		<u>.</u> .	
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	. <u>.</u>	· · · · · · · · · · · · · · · · · · ·
	<del></del>		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our re	cords, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Entar Flor	da street address	<del></del>
	7,7461 7 1076		
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Ag-	•		

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 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□Remove
			□ Change

IN	THE ORIGINAL ARTICLES (ARTICLE III) SAYS RAMIRO F. BOHORQUEZ HAS 50% OWNERSHIP
A	ND JOHANA ARANGO THE OTHER 50% OWNERSHIP.
N	OW RAMIRO F. BOHORQUEZ IS THE ONLY MEMBER AND HAS 100% OWNERSHIP.
_	
_	
_	
_	
_	
ote: 1	the date, if other than the date of filing:
ecord is file	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
ted _	August 10th 2021
	Signature of a member or authorized representative of a prember

Filing Fee: \$25.00