## L19000061916

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LAPASSEC, FL

119 MAR 20 PM 6: 56

C. GOLDEN
11/AR 2 9 2019

## **COVER LETTER**

BOR Innov	vations. LLC		
30D3DC1.	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:	
	David Lopez		
		Name of Person	
	BOR Innovations, LLC		
	<del></del>		
	2617 EAST 110TH AVEN	UE	
		Address	
	Tampa, Florida 33612		
		City/State and Zip Code	
	maria glope	to be used for future annual report notifi	)
			cation)
for further information of	concerning this matter, please co	all:	
David Lopez		813 382-4606 at ()	
Name (	of Person	at () Area Code Daytime	Telephone Number
nclosed is a check for t	he following amount:		
1 \$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** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

BOR Innovations, LLC

vany has been notified in writing of this change.

2019 HAR 20 PM 6: 56

--- TASSEE, FAS

(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 March 4, 2019	and assigned
Florida document number L19000061916		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
3ORI Innovations, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		<del></del>
If amending the registered agent and/or registered of	fice address on our record	s, enter the name of the nev
istered agent and/or the new registered office address here	<u>:</u> :	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
New Registered extract / toda ess.	Enter Florida street addres	88
	. FI	orida
	Ciny .	orida Zip Code
Registered Agent's Signature, if changing Registered Agent:		
eby accept the appointment as registered agent and agre isions of all statutes relative to the proper and complete of the obligations of my position as registered agent as p t filed to merely reflect a change in the registered office	performance of my duties, as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
			□ Remove
			Change
		·	☐ Remove
			☐ Change
		<del></del>	□ Remove
			□ Change
			□ Remove
			☐ Change
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			Change

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ffective date, if other than the date of filing:  an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ott; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted secured is effective date on the Department of State's records.  Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Alarch 13  2019  Alarch 13  2019  Alarch 13  2019			
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David Lopez		Signature of a member of authorized representative of a member	
	David Lonez	V	

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Filing Fee: \$25.00