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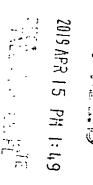
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Office Use Only



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COVER LETTER

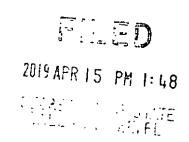
TO:	Registration Se Division of Cor		•	
CUDI	ur corr	Bolcore	LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		 	Sonia Becerra	~
		Bolcore LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Sonia Becerra Name of Person Swyft Filings, LLC Firm/Company 12605 East Freeway, Suite 540 Address Houston, Texas 77015 City/State and Zip Code filings@swyftfilings.com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: Sonia Becerra Name of Person Area Code Daytime Telephone Number		
Address				
			Houston, Texas 77015	
		•	City/State and Zip Code	
For fu	urther information c			анон,
_				
	Name o	f Person	Area Code Daytime	Felephone Number
Enclo	sed is a check for th	ne following amount:		
⊠ \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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**



Bolcore LLC

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	03/22/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here	<u>:</u>	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	ignation "LLC" or the abbi	eviation "L. L.C."
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDE	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis	tered office address on a	nur regards, enter ti	he name of the r
registered agent and/or the new registered office add		an records, enter to	<u> </u>
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	
	•		Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	omplete performance of m gent as provided for in Ch	y duties, and I am fac apter 605, F.S. Or, if	miliar with and 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Franz T Quiroga	1601-1 N Main St #3159	\ Add
		Jacksonville, FL 32206	■ Remove
			□ Change
AMBR	Franz Torrez Quiroga	1601-1 N Main St #3159	= Add
		Jacksonville, FL 32206	□ Remove
			Change
	 		
			Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			□ Remove
			□ Change

D. If amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u> :	
	
	
Note: If th	ate, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated _A	PRJC 5+L 2019
-	Signature of a member or authorized representative of a member
	Franz Torrez Quiroga
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00