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PICK-UP	☐ WAIT	MAIL
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(Docur	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	ico Boss		
SUBJECT.		ed Liability Company	
	Amendment and fee(s) are submodence concerning this matter to		
,	Danielle Pedi		
		300 KKEPING Firm/Company	
	3940 3Pd SI	S #186	
	Jacusmulle Be	City/State and Zip Code  O gmall: ('OM	
	Clanelle, feb	be used for future annual report notifi	cation)
For further information co	incerning this matter, please call	·	
Daniele Pea	Person	at ( <u>904</u> ) <u>536.</u> ] Area Code Daytime	193 Telephone Number
Enclosed is a check for the	e following amount:		CO 2019 HAY
S25.00 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Torco Boss		
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number 40000 65385	ompany were filed on 32	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	75 - 75 - 75 - 75 - 75 - 75 - 75 - 75 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MAY -8 -PH -
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	Emer Frontia Si	
<del></del>	City	, Florida 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>	Name	<u>Address</u>	Type of Action
MHR	Luis Azcatl	10960 Beach Blvd #464 Jacusmulle Hz 32246	<b>X</b> 'Add
		Jacusonville 42 32246	Remove
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot lote: If the date inserted in this block does not meet the boument's effective date on the Department of State's recommendate.	he prior to date of filing or applicable statutory fil	more than 90 days after ing requirements, this	filing.) Pursuant to	605.0207 listed as
e record specifies a delayed effective date, b The 90th day after the record is filed.	out not an effective	time, at 12:01 a	.m. on the ea	arlier of
ated 56 2019	<del></del>			
4 Acres				
	or authorized representati	ve of a member		-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00