# 419000095138

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(City/State/Zip/Phone #)
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Amend

JUN 18 2019 FALBRITTON

# **COVER LETTER**

TO:	Registration Sec Division of Corp			
e1:51	Bossamar	LLC		
SUBJ	rcı:	Name of Lim	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Gabriel Quevedo		
		Bossamar LLC	Name of Person	
		1550 Brickell Ave Apt 210A	Firm/Company	
		Miami. Florida, 33129	Address	
		gquevedo@bossamar.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi	ication)
For fu	rther information ed	oncerning this matter, please ca	all:	
Gabri	el Quevedo		305 2985004	
	Name of	F Person	Area Code Daytime	: Telephone Number
Encio	sed is a check for th	e following amount:		
s:	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, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bossamar LLC (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 04/05/2019 \_\_\_\_ and assigned Florida document number L19000095138 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 "L.L.C." 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 \_\_\_\_

#### 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.

City

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>	<u>Address</u>	Type of Action
AMBR	Melissa Sobrado Pauly	1550 Brickell Ave Apt 210A Miami, Florida 33129	
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	st be specific and cannot be prior ock does not meet the applic	r to date of filing or more tha cable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 6 irements, this date will not be l	
record specifies a delayed ne 90th day after the rec		ot an effective time,	at 12:01 a.m. on the ear	rlier
May 28th	2019	·		
	Signature of a member or auth			

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Typed or printed name of signee

Filing Fee: \$25.00