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COVER LETTER

Division of Co	rporations		
SUBJECT:	Boogie V	Voogies, LLC	
30bar.c1,		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Beatr	Name of Person	
	Buogi	Firm/Company	<u>lo</u>
	4400	E 10 A-VC Address	
	HIAH DUGIEWC J-mail address: (City/State and Zip Code OO 1 l J · M 10 O to be used for future annual report notificat	amall.com
For further information of	concerning this matter, please ca		
Beatrice Name o	SU (I Net of Person	at (305) 922 & Daytime Te	224 Iephone Number
Enclosed is a check for t	the following amount:		
■ \$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)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

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

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION **OF**

Boogie Woogies, ILC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compar	pears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L19000120304</u>	05 03 2019 and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>y here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	3 1:1
	<u> </u>
	00
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of th
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	-
New Registered Office Address:	
Enter	Florida street address
	Florida
City New Registered Agent's Signature, if changing Degistered Agent-	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	Beatrice Sugrez	4400 E 10th AVC	🗆 Add
		Hialtan FL33013	Remove
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(If an effe <u>Note:</u>	we date, if other than the date of filing:
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier c 90th day after the record is filed.
Dated \	JUNCIA Signature of a member of authorized representative of a member
	Beatrice Juarer Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00