19000125352

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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|--------------|--|-------------------------------|------------------------|--------------------|--|--|
| SUBJECT | | Name of Lim | ited Liability Company | | | |
| The enclose | ed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please retur | n all correspor | ndence concerning this matter | to the following: | | | |
| | | Joel D Valencia | | | | |
| | Registration Section Division of Corporations Boon Realty, LLC Name of Limited Liability Company | | | | | |
| | | Boon Realty, LLC | | | | |
| | | | | | | |
| | | PO Box 143630 | | | | |
| | | | Address | | | |
| | | Coral Gables, FL 33114 | | | | |
| | | City/State and Zip Code | | | | |
| | | | | | | |
| For further | information co | | • | icution) | | |
| Joel D Val | encia | | | | | |
| | Name of | Person | Area Code Daytime | 2 Telephone Number | | |
| Enclosed is | a check for th | e following amount: | | | | |
| \$25.00 | Filing Fce | - | | | | |

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

| Boon Realty, LLC | | |
|---|---|------------------------|
| (<u>Name of the Limited Liability</u> (A Florida l | Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co Florida document number <u>L19000125352</u> | ompany were filed on | 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 | ed Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 20 9 Sale |
| (Principal office address MUST BE A STREET ADDRI | ESS) | SIP |
| | | Farter |
| | | S- 01 . |
| Enter new mailing address, if applicable: | <u></u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | in On |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | ered office address on our records, <u>ent</u> r <u>ess here</u> : | er the name of the new |
| Name of New Registered Agent: | <u></u> | |
| New Registered Office Address: | Enter Florida street address | |
| | Emer Fiorida Street address | |
| | , Florida | Zip Code |
| N Waring and America Signature if changing Degistered | • | ziji vode |

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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|--------------------|----------------|
| MGR | Ana G Miguel | 4892 NW 97TH COURT | |
| | | Doral, FL 33178 | |
| | | | Remove |
| | | | |
| AR | Harold J Guedez | 4892 NW 97TH COURT | |
| | | Doral, FL 33178 | ∆dd |
| | | | ■ Remove |
| | | | Change |
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| an eff iote: | ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the earlier of 90th day after the record is filed. |
| ated | 23 day of September 2019 |
| aicu | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00