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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divisio	n of Com	porations		
SUBJECT:	Borb	ourata LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all	сопевро	ndence concerning this matter	to the following:	
			Rene Esteban Vidal	
			Name of Person	
		Во	rburutu L.I.C	
			Firm/Company	
		14	27 Forest Hills Dr	
			Address	
		Wii	nter Springs ,Florida 32708	
		barbu	City/State and Zip Code ratalm@gmail.com	
			to be used for luture annual report notif	ication)
For further infor	mation co	oncerning this matter, please c	all:	
Rene Estebo	ın Vidal		at (786) 856-0999	
	Name of	Person		Telephone Number
Enclosed is a che	ck for th	e following amount:		
□ \$25.00 Filing	g 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)
		NG ADDRESS: ation Section	STREET/COURII Registration Section	
		n of Corporations	Division of Corpora Clifton Building	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L 1900 12-7 0 80</u>	ed on OS 10 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here;
The new name must be distinguishable and contain the words "Limited Liability Compa	my," 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 here: Name of New Registered Agent:	lress on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
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 provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	ance of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is

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	Rene Vidal Ascanio	1427 Forest Hills Dr.	Add
		Winter Springs, Florida 32708	Remove
		 	Change
			□ Remove
			Change
			☐ Remove
			Change
		-	D Add
			□ Remove
		·	Change
			□ Remove
		 	Change
			Add
			□ Remove
			☐ Change

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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u>8/23</u>
	DHP
	Signature of a member or authorized representative of a member

. . . .

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Filing Fee: \$25.00