# L19000145417

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## **COVER LETTER**

	IER LAW, LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Cristina Bosmenier				
		Name of Person			
	Bosmenier Law, LLC				
		Firm/Company			
	2601 N.W. 16th Street Rd.	. #445			
	Address				
	Miami, FL				
		City/State and Zip Code			
	bosmenierlaw@gmail.com				
	E-mail address: (	to be used for future annual report notifi	ication)		
For further information of	concerning this matter, please c	all:			
Cristina Bosmenier		305 904-2357			
Name c	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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)		

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

## TO ARTICLES OF ORGANIZATION OF

Bosmenier Law, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assig Florida document number L19000145417 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BOSMENIER LAW, PLLC 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 registered agent and/or the new registered office address here: Name of New Registered Agent:

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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

Enter Florida street address

#### or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
AMBR	Leopoldo Garrido, Jr.	11512 SW 228 ST. Miami, FL 33170	
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As a result, the company should be listed as a Professional Lin	nited Liability Company.
Owner, Cristina Bosmenier, is a Florida licensed attorney.	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable state.	te of filing or more than 90 days after filing.) Pursuant to 60
ument's effective date on the Department of State's records.	statutory tring requirements, this date with not be in
record specifies a delayed effective date, but not an ne 90th day after the record is filed.	effective time, at 12:01 a.m. on the earl
d June 28 <sup>th</sup> . 2019.	
	}
Signature of a member or authorized	representative of a member
Cristina Bosmenier	
Typed or printed nar	me of signee

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Filing Fee: \$25.00