L19000147367

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COVER LETTER

TO: Registration Section Division of Corporations

BOFFI MIAMI, LLC

BC SUBJECT: ____

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SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Frank Ferrante, Jr.		
	<u> </u>	Name of Person	
	Ferrante Law Firm		
	<u> </u>	Fum/Company	
	5 West 19th Street, 10th F	loor	
	······································	Address	
	New York, NY 10011		
		City/State and Zip Code	<u> </u>
	corporations@ferrantelawf		
		to be used for future annual report noti	lication)
For further information c	concerning this matter, please c	all:	
Frank Ferrante, Jr.		212 308-4440 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
El \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration Division of C P.O. Box 632 Tallahassee.	Section 'orporations 27	<u>Street Address:</u> Registration Se Division of Cou The Centre of T 2415 N. Monro Tallahassee, F1	porations Pallahassee e Street, Suite 810

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BOFFI MIAMI, LLC		SF-40 - 5 - 5	
BOFFI MIAMI, LLC (<u>Name of the Limited Liability Comp</u> (A Florida Limited	ny as it now appear	s on our records.)	
(A Florida Limited	Liabinty Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on Jur	ne 03, 2019	and assigned
Florida document number L19000147367			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	re:	
The new name must be distinguishable and contain the words "Limited Liat	ility Company," the d	esignation "LLC" or t	the abbreviation "L.L.C."
	80 NE 40TH ST	REET	
Enter new principal offices address, if applicable:	MIAMI, FL 331		
<u>(Principal office address MUST BE A STREET ADDRESS)</u>			
	·	_ .	
Enter new mailing address, if applicable:		<u></u> .	
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office	address on our r	ecords, <u>enter the</u>	name of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
		, Florid	a
	City		Zip Code

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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

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	fr <u>om our records</u> :) <u> </u>		
MGR = Manager AMBR = Authorized Member		2020 NOV 25 PK 5: 34			
<u>Title Name</u>	Name	Address States of A		EType of Action	
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ve date, if other than the date of filing:	Continual	

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

November 19		
$\sim l$	Liun XECNG Signature of a member or a hithorized representative of a memb	
	Signature of a member of allthorized representative of a memb	ici
Lilian Leong, Manager	· ·	