

h19000182174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

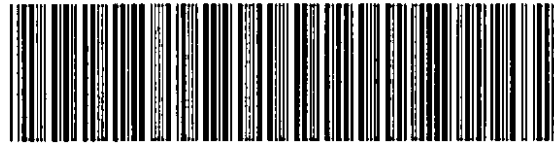
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19 OCT 31 PM 4:08  
DIVISION OF CONCORDANCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 OCT 31 PM 12:27

October 5, 2022

MICHELLE PAGAN MARTINEZ  
2615 CHARLENE ST  
PUNTA GORDA, FL 33950

SUBJECT: BOLUA DIAMOND BOUTIQUE LLC  
Ref. Number: L19000182174

We have received your document for BOLUA DIAMOND BOUTIQUE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 322A00022164

22 OCT 31 PM 4:08  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bolaa Diamond Boutique LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Pagan Martinez  
Name of Person

Bolaa Diamond Boutique LLC  
Firm/Company

2615 Charlene St.  
Address

Punta Gorda FL 33950  
City/State and Zip Code

FCbechner@yahoo.com  
E-mail address: (to be used for future annual report notification)

22 OCT 31 PM 4:08  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michelle Pagan at (941) 585-7922  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Bolva Diamond Boutique

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUN 12/2019 and assigned  
Florida document number L 19000482174.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

3769 Tamiami Trail, Unit A  
Port Charlotte FL 33958

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

23262 Kim Ave.  
Port Charlotte FL 33954

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Favor Cameron

New Registered Office Address:

3769 Tamiami Trail, Unit A

Enter Florida street address

Port Charlotte

City

Florida

33952

Zip Code

**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

Title	Name	Address	Type of Action
MGR	Michelle Pagan Martinez	2615 Charlene St,	<input type="checkbox"/> Add
		Punta Gorda Fl. 33950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jorge D. Garcia Lopez	2615 Charlene St,	<input type="checkbox"/> Add
		Punta Gorda Fl. 33950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Favor Cameron		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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DIVISION OF CORRECTIONS  
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DIVISION OF CONSUMER AFFAIRS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated October/25/2022

Michelle M. Paden  
Signature of a member or authorized representative of a member

Michelle M. Paden Marking  
Typed or printed name of signee