

LI9000 228 076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED
19 OCT -7 PM 8:25
FALLS CHURCH, VA

OCT 30 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOKETTO STORE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA LABRADOR

Name of Person

BOKETTO STORE

Firm/Company

809 POPLARWOOD LN

Address

KISSINNEE, FL, 34743

City/State and Zip Code

bOKETTO CORPORATION@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA LABRADOR

Name of Person

at (407) 466 1165

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BOKETTO STORE LLC

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

FILED
19 OCT - 7 PM 2:25
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/09/2019 and assigned
Florida document number L19000 22 8076

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>ANA LABRADOR</u>	<u>809 poplarwood Ln</u>	<input type="checkbox"/> Add
		<u>Kissimmee, FL, 34743</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ANA LABRADOR</u>	<u>809 poplarwood Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee, FL, 34743</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>ZELENIA BORREGALES</u>	<u>809 Poplarwood Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee, FL, 34743</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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

I request to remove Ana Labrador as AP

I request to add Ana Labrador as MGR

I request to add Zelenia Borregales as AMBR

E. Effective date, if other than the date of filing: 09/25/2019 (optional)

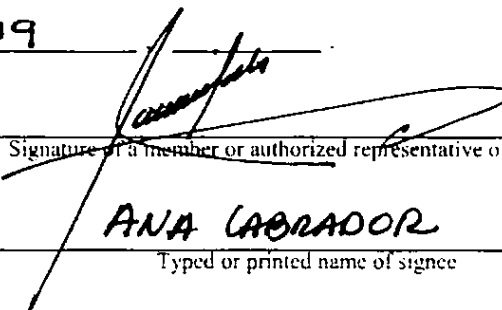
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 09/25/2019


Signature of a member or authorized representative of a member

ANA LABRADOR

Typed or printed name of signee