

L19000297117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

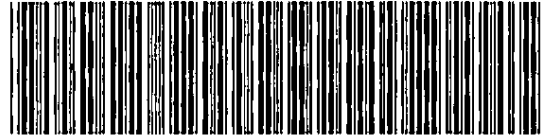
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BOCCATTAS 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:

IVAN MUTIS

Name of Person

BOCCATTAS LLC

Firm/Company

1905 INTERMODAL CIRCLE SUITE 320

Address

PALMETTO FL 34221

City/State and Zip Code

BOCCATTAS@YAHOO.COM

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

For further information concerning this matter, please call:

IVAN MUTIS

954

5447302

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
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

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SECRETARY OF STATE

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

BOCCATTAS LLC

(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 12/05/2019 and assigned  
Florida document number 1.19000297117.

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 "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 the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*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>
AMBR	VERONICA BETANCOURT ✓	1340 NEW FOREST LN.	<input checked="" type="checkbox"/> Add
		OSPREY	<input type="checkbox"/> Remove
		FL 34229	<input type="checkbox"/> Change
AMBR	OCIEL BETANCOURT ✓	1340 NEW FOREST LN.	<input checked="" type="checkbox"/> Add
		OSPREY	<input type="checkbox"/> Remove
		FL 34229	<input type="checkbox"/> Change
AMBR	JOSE NUNEZ ✓	1905 INTERNATIONAL CIRCLE SUITE 320	<input checked="" type="checkbox"/> Add
		PALMETTO	<input checked="" type="checkbox"/> Remove
		FL 34221	<input type="checkbox"/> Change
AMBR	GILBERTO CORONA ✓	1905 INTERNATIONAL CIRCLE SUITE 320	<input type="checkbox"/> Add
		PALMETTO	<input checked="" type="checkbox"/> Remove
		FL 34221	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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SECURITY SERVICE  
FBI

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REC'D  
TOLSON  
FBI

**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.

Dated 11/01/2021 12:01

IVAN MUTHIS

Typed or printed name of signee

**Filing Fee: \$25.00**