

L20000003934Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

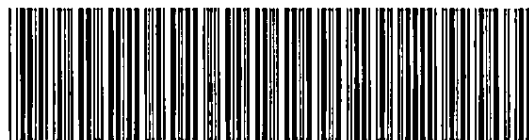
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800353400928

10/13/20--01013--009 **25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOLADHER 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:

RICHARD HERNANDEZ PERERA

Name of Person

BOLADHER LLC

Firm/Company

10690 SW 24TH STREET

Address

MIAMI, FL 33165

City/State and Zip Code

richardhernandez430@yahoo.com

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

For further information concerning this matter, please call:

RICHARD HERNANDEZ PERERA

786 973-5657
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

BOLADHER 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 02/10/2020 and assigned Florida document number L20000039342.

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:

(Principal office address MUST BE A STREET ADDRESS)

237 SW 13TH STREET

APT 109

MIAMI, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

237 SW 13TH STREET APT 109

Enter Florida street address

MIAMI

Florida 33130

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	RICHARD HERNANDEZ PERER	237 SW 13TH STREET	<input type="checkbox"/> Add
		APT 109	<input type="checkbox"/> Remove
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Change
AMBR	MICHAEL HERNANDEZ PERER	FRESAS 102 INT 501	<input type="checkbox"/> Add
		COLONIA DEL VALLE	<input type="checkbox"/> Remove
		CDMX, CP 03100 MEXICO	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

AUTHORIZE MEMBERS PARTICIPATION AND DISTRIBUTION

AMBR-RICHARD HERNANDEZ PERERA 50%

AMBR- MICHAEL HERNANDEZ PERERA 50%

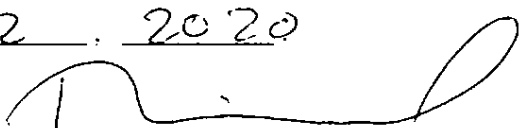
E. Effective date, if other than the date of filing: _____ **(optional)**

(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; 2 . 2020



Signature of a member or authorized representative of a member

RICHARD HERNANDEZ PERERA

Typed or printed name of signee