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| (Reque | estor's Name) | |
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| PICK-UP | WAIT | MAIL |
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Amend

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COVER LETTER

TO:

| | Registration Se Division of Cor | | | | |
|-----------------|------------------------------------|--|---|--|--|
| eun ire | | RAMOS ENTERPRISES, L | LC , | : | |
| SUBJEC | l; | Name of Lim | ited Liability Company | | |
| The enclo | sed Articles of . | Amendment and fec(s) are sub | mitted for filing. | | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | | |
| | | MIGYURY BORGES | | | |
| | | | Name of Person | | |
| | | BORGES & RAMOS EN | TERPRISES, LLC | | |
| | | <u> </u> | Firm/Company | | |
| | | 6728 HOLLY HEAT DRI | VE | | |
| | | | Address | | |
| | | RIVERVIEW, FL 33578 | | | |
| | | | City/State and Zip Code | | |
| | | Migyuryborges2014@outle | | | |
| | | E-mail address: (| to be used for future annual report no | tification) | |
| For furthe | er information c | oncerning this matter, please c | all: | | |
| MIGYU | RY BORGES | | 813 943-9789 | | |
| | Name of | f Person | at () Area Code Daytii | me Telephone Number | |
| Enclosed | is a check for th | ne following amount: | | | |
| ■ \$25.0 | 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 Addres | | Street Address: | ection | |
| | Registration S Division of C | | Registration S Division of Co | | |
| | P.O. Box 632 | | The Centre of | The Centre of Tallahassee | |
| - | Tallahassee, I | FL 32314 | 2415 N. Monr | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BORGES & RAMOS ENTERPRISES, LLC

| AKI | ICEES OF OF | | 1011 |
|---|--|---|---|
| | OF | • | on our records.) 6/2020 and assigned |
| | | | |
| BORGES & RAMOS ENTERPRI | | | |
| (Name of the Limi | ited Liability Company (A Florida Limited Lia | r as it now appears (ability Company) | on our records.) |
| | | 02/0 | 47070 |
| The Articles of Organization for this Limited L | | ere filed on 0270 | and assigned |
| lorida document number L20000043808 | <u></u> . | | - |
| This amendment is submitted to amend the following | lowing: | | |
| | _ | | |
| A. If amending name, enter the new name of | of the limited liabili | ity company here | <u>e</u> : |
| | | | |
| he new name must be distinguishable and contain the | words "Limited Liability | y Company," the des | ignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | cable: | 6728 HOLLY HE | EATH DR. RIVERVIEW FL 33578 |
| Principal office address MUST BE A STREI | ET ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | 6728 HOLLY HE | EATH DR, RIVERVIEW FL 33578 |
| Mailing address MAY BE A POST OFFICE | C POVI | | - |
| Manting undress MAT BE A FOST OFFICE | <u>. BOAJ</u> | | ······································ |
| | | | |
| 3. If amending the registered agent and/or: | registered office ad | ldress on our rec | ords, enter the name of the new registe |
| gent and/or the new registered office addre | C, | | |
| | | | |
| Name of New Registered Agent: | MIGYURY BORGES | | |
| - | 6728 HOLLY HEATH DR, RIVERVIEW FL 33578 | | VIEW FL 33578 |
| New Registered Office Address: | | | la street address |
| | TAMPA | • | |
| | 7731741 73 | City: | Florida 33578 Zip Code |
| Son Desistand Apont's Signature if abancing | Dauistarad Apant. | | |
| 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 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> | Address | Type of Action |
|--------------|----------------------|--|----------------|
| MGR | CARLOS DEL SOL-RAMOS | 6728 HOLLY HEAT DR, RIVERVIEW FL 33578 | 🖬 Add |
| | | | □Remove |
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| | | | □Remove |
| | | | □Change |
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| Effective date, if other than th | e date of filing: | (optional) |
| If an effective date is listed, the date mu | st be specific and cannot be prior to date of filing or mo lock does not meet the applicable statutory filing | ore than 90 days after filing.) Pursuant to 605.020 |
| document's effective date on the I | Department of State's records. | requirements, tins date will not be listed a |
| | | |
| | ve date, but not an effective time, at 12:01 a.m. o | on the earlier of: (b) The 90th day after the |
| ord is filed. | | |
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| | 2020 | |
| Dated | . 2020 | |
| | . 2020 | |

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Filing Fee: \$25.00