L20 000/6/921

(Requestor's Name)
(Address)
(Address)
(Fidule33)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:



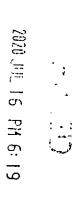


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AUG 2 7 2020 S. YOUNG



COVER LETTER

Division of Cor			
SUBJECT: -	Too how Bo	egista U.S.	
	Name of Lim	ited LiabilityCompany	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sheld	Name of Person	
		Firm/Company	
	431 SW An	11.5h TeV Address	
	Port st	Lucie, H., 34980 City/State and Zin Chile	1
	E-mail address: (LUCIE, H. 34986 City/State and Zip Chide ay/Julas @Gina to be used for future annual report noti	LCOM_ lication)
For further information c	oncerning this matter, please c	<i>'</i> //	
Strelday Napo o	Julio S. T Person	at (<u>772</u>) <u>3le1 -</u> Area Code Daytim	5390 e Telephone Number
Enclosed is a check for the	ne 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)
Mailian Addin		Sec. 4.4.1	

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

(Name of the Limited Liability	y Company as it now appears or	C. B
	Limited Liability Company)	Tour records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L_300001041921</u>	ompany were filed on	we 11, 2020 and assigned in
This amendment is submitted to amend the following:		19
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desig	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	· -	
	Enter Florida s	treet 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>	Address	Type of Action
AMBA	Marie Benfrice Lorzemi	431 SU Parish Ter, Port St	\sum_Add
		Lucie, H., 34984	□Remove
			□Change
			□Add
			□Remove
			□Change
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an effec (<mark>ote:</mark> 1:	tive date, if other than the date of filing:
e reco The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Ω
ated _	July 11 . 2020
	Signature of a member of authorized representative of a member

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