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COVER LETTER

TO: Registration Section Division of Corporations BOMSKIN BY MARIEL LIZARZABAL, LLC SUBJECT: 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: Genessis Gomez and Mariel C. Lizarzabal Name of Person BOMSKIN BY MARIEL LIZARZABAL, LLC Firm/Company 2642 NW 97 AVENUE, UNIT 2642 Address DORAL, FL 33172 City/State and Zip Code genessis.gomez.gg@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Genessis Gomez 775-2843 Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOMSKIN BY MARIEL LIZARZABAL, 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 01/12/2021 Florida document number 1.21000027325 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 "LLC." 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:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

____. Florida ___

• 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	MARIA ZAPATERRA	8301 NW 107TH COURT UNIT 107	
		DORAL, FL 33178	■ Remove
			□Change
MGR	GENESSIS GOMEZ	5114 NW 114th Path	≣ Add
		Doral, FL 33178	□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the defan effective date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Dep	ck does not meet the appli	cable statutory filing req	(optional) an 90 days after filing.) Pursuant to uirements, this date will not be	605.0207 (listed as t
e record specifies a delayed effective dis filed.	date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th day	after the
Dated August 30	2021	·		
Dated August 30	<u>2021</u> Mariel	 C. Lizarza	bal	
	Mariel ignature of a member or auth	C. Lizarza		-