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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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		4/20/21

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COVER LETTER

Division of Corpor	ations		
SUBJECT: BORRES	30 3 V Exsie	35 LLC	
,	Name of Limit	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
		Bonnego Penez	
	Borrego 3V	EXDIESS LLC Firm/Company	
		98th st	
		Address	
	Mianu Gar	deus FL 330. City/State and Zip Code	56
		To SK o Yahov. Con be used for future annual report notifice	
For further information conc	erning this matter, please ca	· II·	
	=	at (<u>561)</u> 494- 4	1360
Name of Pe	rson /	Area Code Daytime T	elephone Number
Enclosed is a check for the fo	-		
\$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:		Street Address:	

TO: Registration Section

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

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

BORRE 60 3 V EXPROSS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(\lambda	Florida Limited Liab	ility Company)		
The Articles of Organization for this Limited Liab Florida document number <u>Laloboo 44</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the	ving:		<u> 25 2021</u>	and assigned COAP COAP COAP
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the design	ation "LLC" or the abbrevi	ation L.C.
Enter new principal offices address, if applicab				ယ္ က် လ က် က်
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- <u>()))</u> _			
B. If amending the registered agent and/or reg agent and/or the new registered office address		ress on our recor	ds, enter the name of	the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida s	treet address	
	-	231.	, Florida	ip Code
N. D. /		City	2.1	р соне
New Registered Agent's Signature, if changing Reg	-			,
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the res company has been notified in writing of this ch	and complete pe ered agent as pro gistered office ad	rformance of my vided for in Chap	duties, and I am famil oter 605, F.S. Or, if th	liar with and is document is

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
AMBR	Carlos. A Bonego Penez.	3240 NW 1985 T Miaein G	Biders FL 33056 DAdd
			□Remove
			☐Change
			1 Feb 26
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			□Remove Remove Signature Lightnered Change
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If an el Note:	tive date, if other than the date of filing:	
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after iled.	the
	Jebruary, 19. 2021.	
Dated		
Dated	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00