L2100011533

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BOYMEY SOLUTION Name of Limited Li	SIDNS IIC ability Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Alexandro	ValleName of Person
Borney So	Lotions LLC Firm/Company
17220 Sw 119	Address
Miami, FC	33177 /State and Zip Code
alex Valle 1972 E-mail address: (to be u	© G Magla Com sed for future annual report notification)
For further information concerning this matter, please call:	
Alexandro Valle Name of Person	at (786) 303-3310 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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BOTHEY ST	olutions L	21 APR -5 PH 3: 37
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on ented Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	oany were filed on <u>031</u>	108 200 (and assigned
Florida document number <u>L21000111533</u> .		
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 L	iability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida str	eet 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 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 LIVISION OF CONFIDENTIAL

______ □Remove

21 APR -5 PH 3: 37 Type of Action Title Address Name Odil Martinez G, MRS 17220 SW 119 AUC DANG AMBR MIGMI, FL 33177 Remove _____ □Change _____ □Remove _____ Change ____ □Add ____ Remove _____ □Add ______ Change ______ Change

	21 APR -5 - PA
	ring 5 th
Iffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more to the Note: If the date inserted in this block does not meet the applicable statutory filing reductment's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605,0207 (quirements, this date will not be listed as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	he earlier of: (b) The 90th day after the
$\frac{03/30/2021}{6}$	
Signature of a member or authorized representative of a	

Filing Fee: \$25.00