LZ1 000 154706

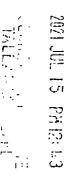
(Re	questor's Name)	
(Ad	dress)	
(/10	arcus,	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





200368904222

07/15/21--01017--025 **25.00



NG 05 1021

COVER LETTER

Division of Corporations
SUBJECT: SALS BORESA LLC. Name of Limited Liability Company
Additionally Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SALVADOR MONTALVO GONZALEZ Name of Person
Finn/Company
4725 W TOWA AVE. Address
TAMPA FL 33616. City/State and Zip Code
Salsbode, gazda 10 Cmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Salvador Montaluo (Monzalez at 813) 420 - 2254 E E Name of Person Area Code Daytime Telephóne Number
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{1}{2}}}\$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$

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

DAIS Bodes	A L	_12	-					
(Name of the Limited Liab (A Flori	<mark>flity Compa</mark> da Limited l	i <mark>ny as it</mark> Liability	now appea Company)	irs on our	records.)			
The Articles of Organization for this Limited Liability Florida document number <u>し</u> 21000 15 4		were f	iled on _	41	2/20	21	and ass	igned
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the lin	nited liab	oility co	mpany h	<u>iere</u> :				
The new name must be distinguishable and contain the words "L	mited Liabil	lity Con	pany," the	designatio	n "LLC" or	the abbrevia	ition "L.	L.C."
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADI	ORESS)						20] i	
							<u> </u>	
The second secon						- (<u>.</u>	(b
Enter new mailing address, if applicable:			·	··			12	
(Mailing address MAY BE A POST OFFICE BOX)							:3	
							ယ	
B. If amending the registered agent and/or register agent and/or the new registered office address here		addres	s on our	records,	enter the	e name of	the nev	v registerec
Name of New Registered Agent:						 _		
New Registered Office Address:			L'oran El	orida strve	t addmics			
			ismer vu	oruu Sirve		.		
		Ci	ty .		, Flori		p 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 Address 4725 WIOWA AVE. Type of A TAMPA, FL 33616. EAdd <u>Title</u> Name SALVADOR montalvo Gronzalez () where □Remove ____ Change □Add _____ □ Change □Remove **⊞**Change □Add □Remove _____ Change □Add

□Remove

	Δ				CNO	<u>se (</u>	<u> </u>	IN	<u>5-tec</u>	<u>a 0</u>
<u>_C</u>		0 W N		(-					1	
_		A DOR		AND	(JON.	2Alez	Sh	00/0	(Short
	as_	<u> Dw</u>	<u>1ek</u>	-						
				_						
. _		·			_					
							· · ·		_	
				 -			-			
				····				_		
							<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	2021
										<u> </u>
										25
									. 2	23 Kd
	<u> </u>								- -	<u>સ</u> દરા ક
				<u></u>	_				<u> (+)</u>	$\frac{\omega}{-}$
an effecti lote: If t	ve date is liste the date inser is effective of	ner than the ad, the date must rted in this blo date on the Do	t be specific and ock does not r epartment of S	I cannot be proposed the appointment of the appoint	ior to date of fi licable statute ds.	ory filing red	nan 90 days af puirements, t	his date w	rill not b	e listed a
record sp	occifies a del									
record sp	,	2/202	1							
record sp	,	3/202	<u></u>			•				
ocumen	,	· · ·	Signature of a 1	M/ ntember brau	thorized repres	sentative of a	nember			_

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)