## L21000184781

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
BoCar Man	agment, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Beverly Botelho		
		Name of Person	
	BoCar Management LLC		
		Firm/Company	
	4028 Mulgrave Ave		
		Address	
	North Port FL 34287		
		City/State and Zip Code	. <del></del>
	bbevbo@hotmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
Beverly Botelho		941 456-6096	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for th	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)
Mailing Addres		Street Address:	
Registration S		Registration Se Division of Cor	
Division of C P.O. Box 632		The Centre of T	· •

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOCAR MANAGMENT ELC	Ti Citin C	<u> </u>
(Name of the Limited) (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	04-21-2021	
<u>-</u>	ility Company were filed on 04-21-2021	and assigned
lorida document number L21000184781		
his amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
BOCAR MANAGEMENT LLC		
he new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET.	ADDRESS)	
		<del></del>
Enter new mailing address, if applicable:		
•••		<del> </del>
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
	· · · · · · · · · · · · · · · · · · ·	
	istered office address on our records, enter the	name of the new regis
gent and/or the new registered office address b	<u>iere</u> :	
Name of New Registered Agent:		
NI 18 1 18 500 11 11		
New Registered Office Address:	Emer Florida street address	•
	, Florid:	Zip Code
	Citv	ZID COŒ

## 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
<del></del>			
			□Remove
			☐ Change
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Filing Fee: \$25.00