Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : 120200000102 : (954)998-1035 Phone : (954)573-1480 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BOMAF LLC**

Certificate of Status 0 Certified Copy 01 Page Count \$25.00 Estimated Charge

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Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Sec Division of Cor			
CEIDIG	BOMAF L			
SUBJE	CT:	Name of Limit	ted Liability Company	
The un-	alouad Amialao of	Amendment and fee(s) are subr	witted for filling	
Please	return all correspo	ndence concerning this matter t	o the tottowing:	
		MARIA FALCON		
			Name of Person	
		BOMAF LLC		
			Fimi/Company	
		2657 SW 8TH ST		
			Address	
		FORT LAUDERDALE FL	. 33312	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		MARIFAL2001@GMAJL.0	COM to be used for future annual report not	(Nontine)
r)				nication
roi iui	thei information c	oncerning this matter, please or		
MARI	IA FALCON		954 822-2811 at () Area Code Daytin	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclos	ed is a check for the	he following amount:		
<b>■</b> \$2	5.00 Filing Fee	Certificate of Status	(additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of C	Section Corporations	Street Address: Registration So Division of Co	orporations
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monre	Talfahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOMAF LLC				_	
(Name of the Limited Liability C (A Florida Lim	ompany as (t now appears outed Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Com	pany were filed on 05/0	5/2021	and a	ssigne	d
Florida document number 121000209338					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	Hiability company her	<b>c</b> ;			
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the ab	breviation	"L.L.C."	,
Enter new principal offices address, if applicable:			San	2021	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<del></del>	>> id	<u> </u>	
			<u> </u>	~ ~	<u> </u>
			í, M°	<b>&gt;</b>	.EO
Enter new mailing address, if applicable:			<del></del>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	ယ	
				ப	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our red	cords, <u>enter the nan</u>	re of the I	new re	gistere
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				<del></del>
		, Florida			
	City		Zip Co	de	
New Registered Agent's Signature, if changing Registered A	<u> Leent:</u>				

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.

19545731480

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
MGR	ALBERTO GOMEZBONO	2657 SW 8TH ST	
		FORT LAUDERDALE FL 33312	□Remove
			<b>≡</b> Change
			□Add
			□Remove
			□Remove
		<u> </u>	□Remove
			Change
			□Add
			Remove
			Change
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			□Remove
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an effective date is listed, the date must be so	pecific and cannot be prior loes not meet the applic	to date of filing or mor able statutory filing	e man 90 days after requirements, this	niing.) Pu date wil	not be	listed :
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record specifies a delayed effective date	e, but not an effective ti	me, at 12:01 a.m. or	the carlier of: (b)		Ou <b>FT</b> ay	after th
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Sign	ature of a member or auth-	orized representative o	f a memher		<u>U</u> 1	_