## L21000335519

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor		•	<b>.</b>
	ODERN HOME IMPROVEM	ENT LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	ANTHONY AARON BOS	SCH	
		Name of Person	
	BOSCH MODERN HOM	E IMPROVEMENT LLC	
		Firm/Company	
	15379 SW 57 ST		
		Address	
	MIAMI, FL 33193		
		City/State and Zip Code	
	ANTHONY_BOSCH@YA		76
		to be used for future annual report not	incation)
For further information c	oncerning this matter, please c	ail:	
ANTHONY AARON BOSCH		305 498-9476 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOSCH MODERN HOME IMPR		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	rears on our records.)
he Articles of Organization for this Limited	Liability Company were filed on	07/23/2021 and assigned
lorida document number L21000335519	·	
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	•
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		·
		50
. If amending the registered agent and/or gent and/or the new registered office addr	9	r records, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	15379 SW 57 ST	
	Enter a	Florida street address
	MIAMI	, Florida <sup>33193</sup>
	City	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	ANTHONY AARON BOSCH	15379 SW 57 ST	■Add
		MIAMI, FL 33193	□Remove
			☐ Change
			\ \ \ \ \ \ \_
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			☐ Ghange ☐ Add
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ective date, if other than the effective date is listed, the date me	e date of filing:	ingto data of Olima or a	(option	al)
te: If the date inserted in this t	plock does not meet the app	licable statutory filir	ng requirements, this d	ate will not be listed a
ument's effective date on the l	Department of State's recor	us.		
cord specifies a delayed effecti	ive date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
s filed.				
JULY 26	2027			
ed		·		
	Signature of a member or at		a Campanhia	

Filing Fee: \$25.00