To, FL DOS

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC

remark with the particular transfer of the control of the control

Account Number : 120140000089 Phone : (754)301-2128 : (954)252-4650 Fax Number

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

Email Address: INFO@GESTAXACCT.COM

LUC AMND/RESTATE/CORRECT OR M/MG RESIGN BOTO HOLDING LLC

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T. LEMIEUX JUL 2 0 2022

TO:

Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: Juliana dos santos

# 220002442863

## **COVER LETTER**

Division of Cor	rparations		
	EDING LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JULIANA MACHADO. C	PA	
		Name of Person	
	GES TAX & ACCOUNTE	NG SERVICES	
		Firm/Company	<del></del>
	11764 W SAMPLE RD \$1	°E 102	
	<del></del>	Address	<del></del>
	CORAL SPRINGS, FL 33	065	
		City/State and Zip Code	
	JULIANA@GFSTAXACC		
		to be used for future minual report noti	licution)
For further information of	concerning this matter, please c	all;	
JULIANA MACHADO.	.CPA	754 301-2128	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address Registration		Street Address:	ction
Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of 1	

From: Juliana dos santos

4220002442863

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOTO HOLDING ELC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our record imited Liability Company)	<u>K.</u> )
The Articles of Organization for this Limited Liability Co Florida document number L21000449899	mpany were filed on 10/14/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "Lt.C	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(2.7.2)</u>	
		8: 3
Enter new mailing address, if applicable:		2 JUL F
(Mailing address MAY BE A POST OFFICE BOX)		S. 0 E
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	N.
	121	orida
	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.

# 22 000 2 442863

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
AMBR	ALLEGRA ATLANTIC LLC	3555 NE 163RD ST	
		NORTH MIAML FL 33160	□Remove
			□Change
			□Remove
			Change
			□Add
			Remove
		<del></del>	Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			CChange
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ective date, if oth effective date is liste te: If the date inser- nument's effective of	ted in this block	does not mee	t the applica	date of filing bie statutory	x more than 90 iling requiren	(optional) days after filing. tents, this date	) Pursuant to 605.0
cord specifies a del s filed.	ayed effective da	ite, but not an	effective tin	ne, at 12:01 a	m, on the ear.	ier of: (b) Th	e 90th day after t
			2022				