# 122000019624

		<del></del>
(Кеді	iestor's Name)	
(Addr	ess)	<i></i>
———(Addr	ess)	
•	,	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
	=	
(Busii	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
•		<del></del>
Special Instructions to Fil	ling Officer;	
ĺ		
<u> </u>		

Office Use Only



900389865449

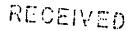
06/23/22--01005--020 \*\*25.00

2022 SEP 26 PM 4: 57
SECTION LARY OF STATE
TANK LHASSEE. FL

### **COVER LETTER**

TO: Registration S Division of Co			
endirer.		IE SERVICES LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter (	to the following:	
	ТН	IAGO BROCO MESQUITA	
		Name of Person	
		Firm/Company	
4622 TRIB		4622 TRIBUTE TRAIL	
		Address	<del></del>
		KISSIMMEE FL 34746	
	JULi	City/State and Zip Code IANAKARFITSAS@GMAIL.COM	
		o be used for future annual report notification)	
	concerning this matter, please ca	III:	
JULIAN	VA KARFITSAS	321 436-5110 at ()	
Name	of Person	Area Code Daytime Teleph	one Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
	Section Corporations	Division of Corporation	ons
P.O. Box 63	27	The Centre of Tallaha	
Tallahassee,	FL 32314	2415 N. Monroe Stree	et, Suite 810

Tallahassee, FL 32303





2022 SEP 26 PM 1: 32

## FLORIDA DEPARTMENT OF STATE

September 14, 2022

THIAGO BROCO MESQUITA **4622 TRIBUTE TRAIL** KISSIMMEE, FL 3476

SUBJECT: BOCO PRIME SERVICES LLC

Ref. Number: L22000019624

We have received your document for BOCO PRIME SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify the AMBR's name looks like part of the name was cut off.

If you have any questions concerning the filing of your document, please call

Neysa Culligan Regulatory Specialist III

Letter Number: 922A00020490

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 SEP 26 PM 4: 57

	SERVICES LLC	SFUKE	LARY UF STATE
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears limited Liability Company)	on our records.	TARY OF STATE
The Articles of Organization for this Limited Liability Co Florida document number	mpany were filed on	,	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :	
BROCO PRIME SER			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		NONE	
(Principal office address MUST BE A STREET ADDRE	<u></u>		
		·	111.
		MONE	
Enter new mailing address, if applicable:		NONE	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered eagent and/or the new registered office address here:	office address on our rec	cords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	N	ONE	
New Registered Office Address:		ONE	
	Enter Florid	a street address	•
		, Florida	
	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.

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
AMBR	THIAGO G ECHENIQUE	4622 TRIBUTE TRAIL KISSIMMEE FL 34746	■ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
755			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			Change

_	ADD MEMBER	
	CHANGE THE COMPANY NAME	
-		
-		
-		
=		
_		
-		
-	an 🕦	
-		
	SEC SEP	1
	HAS 26	ij ij
_		
-		C
_		•
_		
_		
-		
-		
(If an eff Note:	ve date, if other than the date of filing:	)207 (3)( d as the
he record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
Dated	Sellenher 21. 2022.	
	Signature of a member or authorized representative of a member  Minacio G. Echewique	
	<b>\</b> 1	

Filing Fee: \$25.00