L22000135288

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of	Corporations		
	NLO LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.	
Please return all con	respondence concerning this matter	to the following:	
	VICTOR M NUNEZ		
		Name of Person	
	BOSANLO LLC		
		Firm/Company	
	101 BECKETT LANE, SU	HTE 402	
		Address	
	FAYETTEVILLE, GEORG	GIA, 30214	
	vnunezena@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	cation)
For further informat	tion concerning this matter, please c	all:	
VICTOR M NUNE	Z	470 4294553	
N	ame of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
X \$25.00 Filing F	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)
<u>Mailing A</u> Revistra	. <u>ddress:</u> tion Section	<u>Street Address:</u> Registration Sec	ction
	of Corporations	Division of Cor	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L22000135288	Company were filed on MARCH 18, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

BOSANLO LLC

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 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>	<u>Address</u>	Type of Action
MGR	VICTOR M NUNEZ NUNEZ	101 BECKETT LANE, SUITE 402	≣ Add
-		FAYETTEVILE, GEORGIA, 30214	□Remove
			□ Change
			□Add
			□Remove
			□ Remove
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ective date, if other than the effective date is listed, the date meter. If the date inserted in this becament's effective date on the	ist be specific and ea block does not med	annot be prior to et the applicab	date of filing or mo le statutory filing	(opti ore than 90 days afte requirements, thi	r filing.) Pursu <mark>ant t</mark> o 60)5,020 sted a:
cord specifies a delayed effect is filed.	ve date, but not ar	n effective time	e, at 12:01 a.m. o	on the earlier of: (I	o) The 90th day aft	ter the
July 11		2022				
ica			• •			
		ICCUYO	zed representative			