h22000149159

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2022 JUN 30 PM 1: 41 SECRETARY OF STATE TALLAHÁSSFE, FLORIDJ

FILED
2022 JUN 30 PM 1: 41

M. H.

Office Use Only

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Boreas Consulting LLC ECT:				
		Name of Limited	Liability Company		
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to the	e following:		
Eduaro	do Vial			2022 550 5ALL	
	Name of Person			?JUN3O PM 1: 4 CRETARY OF STATE L≜HÁSSEE.FLORIE	
	Firm/Company			PA C.F.C	
6025 S	SW 106 ST			I: 4 I STATE LORID.	
	Address			<u>-</u>	
Miami	FL 33156				
	City/State and Zip Co	de			
edvial(@hotmail.com				
	E-mail address: (to be used for future	annual report not	fication)		
For fu	rther information concerning this ma	tter, please call:			
Eduaro	do Vial	786 at (5256881		
	Name of Person		Area Code & Daytime Teleph	one Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	ite 810	
	Enclosed is a check for the follow	ving amount:			
	■ \$25 Filing Fee	u :	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOREAS CONSULTING LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on March 08, 2022	and assigned
Florida document number L22000149159		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
BOREAS INVESTMENT LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		53
	 	
(Principal office address MUST BE A STREET ADDRESS)		
		5½ 3 F
Enter new mailing address, if applicable:		mo p M
(Mailing address MAY BE A POST OFFICE BOX)		
		SH E
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	amiliar with and if this document is

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
MGR	EDUARDO VIAL	6025 SW 106 ST MIAMI FL 33156	□Add
			□Remove
			= Change
			□Add
			□Remove
			□Change
			☐ Add Add ACC ECC Remove
			CRETARY OF STATE OF S
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

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	JUNE 22 2022	
Signature of a member or authorized representative of a member		
organization of a member of a member		
CAROLA MENGOLINI	Signature of a member or author	orized representative of a member

Filing Fee: \$25.00