L23 000 128 21

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

TO:

TO: Registration Se Division of Cor			
BOSSA EV	VENT RENTALS LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing	
	ondence concerning this matter	-	
	AURULIO COMES DENE	TEADO NETO	
	AURELIO GOMES PENT	Name of Person	
	ONE TOUCH CONSULT		
Firm/Company			
	7345 W SAND LAKE RD) . STE 224	
		Address	
	ORLANDO/FL 32819		
	CONTACT@ONETOUCH	City/State and Zip Code ICS.COM	
	-	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
AURELIO GOMES PENTEADO NETO		407 233-7350 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing 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)
Mailing Addres Registration S	Section	Street Address: Registration Sc	
Division of C P.O. Box 632	•	Division of Co The Centre of	-
Tallahassee, I	FL 32314		pe Street, Suite 810

Tallahassee, FL 32303



October 8, 2023

AURELIO GOMES PENTEADO NETO 7345 W SAND LAKE ROAD SUITE 224 ORLANDO, FL 32819

SUBJECT: BOSSA EVENT RENTALS LLC

Ref. Number: L23000072821

We have received your document for BOSSA EVENT RENTALS 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):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 823A00023277

CCI 3 1 2023

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOSSA EVENT RENTALS LLC

2023 OCT 31 PH 12: 15

Zip Code

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.)
		· · · · · · · · · · · · · · · · · · ·
he Articles of Organization for this Limited I	Liability Company were filed or	1 02/09/2023 and assigned
lorida document number <u>L23000072821</u>	·	
his amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	· · · · · · · · · · · · · · · · · · ·	
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
3. If amending the registered agent and/or	registered office address on or	ur records, enter the name of the new regist
gent and/or the new registered office addr	ess here:	
Name of New Registered Agent:	JANINE MACHADO CLOSS	
New Registered Office Address:	888 DUNCAN AVE, KISSIM	имее/Fi. 34744
New Neglitered Office Address.	Enter	Florida street address
	KISSIMMEE	Florida
		, Florida

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.

Ciiv

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>	<u>Address</u>	Type of Action
AMBR	ELIETE ROMAGNOLI RAHAL	888 DUNCAN AVE, KISSIMMEE/FL 34744	□ Add
			■Remove
			□Change
			□Add
			□Remove
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fective date, if other than the c in effective date is listed, the date must ote: If the date inserted in this block occument's effective date on the Dep	be specific and cannot be prick does not meet the app	licable statutory filing re	(optional) than 90 days after filing.) Pur equirements, this date will	suant to 605.0207 not be listed as t
ecord specifies a delayed effective is filed.	date, but not an effective	etime, at 12:01 a.m. on t	the earlier of: (b) The 90	th day after the
SEPTEMBER, 15th	. 2023	·		
SEPTEMBER, 15th	ignature of a member or au	aellardt Yosi		