

L23000200570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

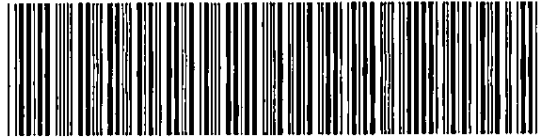
(Business Entity Name)

(Document Number)

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2023 MAY 30 PM 5:42
FILED
CLERK OF COURT

af 7/20/2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BORING HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTONIO ALMONTE-CABRERA

Name of Person

BORING HOLDINGS, LLC

Firm/Company

111 North Orange Ave, Suite 800

Address

Orlando, Florida 32801

City/State and Zip Code

antonioalmonte@boringholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Almonte-Cabrera

888

706-4140

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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, Suite 810
Tallahassee, FL 32303

21-50

2023 MAY 30 PM 5:42

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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>	<u>Type of Action</u>
AMBR	Antonio Almonte-Cabrera	1539 Barberry Dr. Kindred, FL 34744	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Willian Almonte Cabrera	1539 Barberry Dr. Kindred, FL 34744	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Manuel Cabrera	1539 Barberry Dr. Kindred, FL 34744	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Antonio Almaraz C.
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00