L23000224270

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COVER LETTER

TO: Registration Se Division of Cor				
· BOREMOI	LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
	ondence concerning this matter			
	Santiago Agustin Palazzo			
		Name of Person		
	BOREMOULLC			
		Firm/Company		
	13400 SW 70th Ave			
		Address		. 53
	Miami, FL, 33156			
		City/State and Zip Code		1 19 20 19 20 19
	agustinpalazzo@gmail.com E-mail address: (to be used for future annual report notific	cation)	
For further information of	concerning this matter, please c	all:		
Santiago Agustin Palazz	zo	786 618-0858		1+1 C
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOREMOI LLC		
(Name of the Limited Liability) (A Florida	ty Company as it now appears on our recor i Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 5/5/2023	and assigned
Florida document number L23000224270	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7023 KA
(Principal office address MUST BE A STREET ADDR	RESS)	
		77
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		$-\frac{\omega}{\omega}$
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street addre	255
	, F	lorida Zip Code
	Cu).	гир Соае

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	Santiago Agustin Palazzo	13400 SW 70th Ave, Miami, FL, 33156	≣ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			☐ Remove
			☐Change
			□Remove
			□Change
	* 		□Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□ Change

P	age	2	of	3

If amending any other miss	mation, enter change(s) here: (Attach additional sh	
		, 15 m
		•
		<u>. </u>
Note: If the date inserted in th	the date of filing: must be specific and cannot be prior to date of filing or more the shlock does not meet the applicable statutory filing requestions of State's records.	(optional) an 90 days after filing.) Pursuant to 605.0207 direments, this date will not be listed as
he record specifies a dela The 90th day after the	yed effective date, but not an effective time, record is filed.	
May 11 Dated	2023	7173 FAY 16
Dated	7.5	
	Signature of a member or authorized representative of a r	· 0:
	WICCAL LUCIANO PAC	

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