L230002758461

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TO: Registration Division of C	Section Corporations		
	BORGES, LLC		
		imited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	CARLOS A BORGES V	ANOSOSTE	
		Name of Person	
		_Be	
		Firm/Company	
	25300 SW 115 CT		
		Address	
	HOMESTEAD, FL 33032	2	
		City/State and Zip Code	
	grupoborgesll@gmail.com	to be used for future annual report not	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please c		incation)
CARLOS A BORGES V		224 817-2152	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	[1] \$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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO BORGES, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	pany were filed on 06/08/2023	and assigned
Florida document number L23000278461		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited l	Liability Company," the designation	a "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	C 1	
	<u>.</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ice address on our records, <u>c</u>	enter the name of the new registe
con and one new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street o	uddress
		_, Florida
	City	Zin Code

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

DocuSign Envelope ID: AB2B3D56-B26F-48C2-B333-EEB163A66F1D rt 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
VP	JUAN BORGES	25300 SW 115 CT	
		HOMESTEAD, FL 33032	
			□ Change
			□∧dd
			□Remove
			☐ Change
			□Add
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	-		□Add
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ffective date, if other than the date of filing: 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 605.020	ective date, if other than the date of filing:	an the date of filing.
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Filing Fee: \$25.00