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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

BORGES F	AMILY LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BORGES, THAIS		
		Name of Person	<del></del>
	BORGES FAMILY LLC		
		Firm/Company	
	1242 AMERICANA PL		
	·	Address	<u> </u>
	ORLANDO 32807		
		City/State and Zip Code	·
	borgesfamily021@gmail.co		
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
BORGES, THAIS		321 315-9417 at ()_	
Name o	f Person		e 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 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BORGES FAMILY LLC	
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (	Company were filed on $\frac{08/\cancel{1}/2023}{\cancel{1}}$ and assigned
lorida document number 1.23000383434	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "LaEC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	RESS) ~
-	
nter new mailing address, if applicable:	, man
Mailing address MAY BE A POST OFFICE BOX)	
nating dataess may be a rost of fice box	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip 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

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
MGR	THAIS BORGES	1242 AMERICANA PL	■Add
		ORLANDO, FL - 32807	Remove
			□Change
MGR	MGR LEONIDIA BORGES	1242 AMERICANA PL	□Add
		ORLANDO, FL - 32807	■Remove
		<del></del>	□Change
		<del></del>	□Add
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date one:  It the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, a is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted AUGUST 21 2023	
/ (MLM) 1/ MAX//	
Signature of a member of authorized	representative of a member

Filing Fee: \$25.00