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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:07/29	/2024			
Name: P	atrice Rush			
Reference #:	2446922			
Entity Name:	<u></u>	BOLVIR LLC		
Articles of Inc	corporation/Authori	zation to Transact	Business	
Amendment				
☐ Change of A	gent			, in the second
Reinstateme	nt			
Conversion				13.55 14.65 14.65
Merger				Aif 8: 38
☐ Dissolution/V	Vithdrawal			7E 38
Fictitious Nar	ne			
Other				
Authorized Amount:	\$25.00			
Signature:(Pull			

F: 800.944.6607

F: +852.2682.9790

. Docusign Envelope ID: 9A4482CF-4625-4C8D-8EA1-7D669FF1FB82

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BOLVIR LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Florida document numberL24000120175	Liability Company were filed on _	March 8, 2024	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability company b	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if appli	cable:		'* ১ জ
(Principal office address MUST BE A STRE	ET ADDRESS)	;	. 4
		<u> </u>	
Enter new mailing address, if applicable:		coc roc.	(27)
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(Mailing address MAY BE A POST OFFICE	<u> </u>		دخ
		111	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office address.		records, enter the name of	the new registere
Name of New Registered Agent:	Cogency Global Inc.		
New Registered Office Address:	115 N Calhoun Street, Suite 4		
	Enter Flo	orida street address	
	Tallahassee	, Florida 32301	
	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

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II amenuing Authorized rerson(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
VP	Martha Rosende	600 Brickell Ave	■ Add
		Suite 2950	□Remove
		Miami, FL 33131	Change
∨P ———	Andrea Nebot Marsol	600 Brickell Ave	■ Add
		Suite 2950	□Remove
		Miami, FL 33131	□Change
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e: If the date inserted in this b	block does not meet the applicable st Department of State's records.	atutory filing requirements, this	date will	not be lis	sted as
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cord specifies a delayed effecti	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 901	h dav afti	er the
s filed.	,			,	
July 25	2024				
ed	DocuSigned by:				
	alfouse Nebot				

Filing Fee: \$25.00