W400085787

(Requestor's Name)
(Address)
(0.11-1)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duning Fakit, Mana)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special instructions to Filing Officer:
•

Office Use Only



600156446556

06/04/09--01050--013 **25.00

2009 JUN -4 AM 10: 40
SECRETARY OF STATE
AHASSEE, FLORIDI

T. CLINE

JUN - **5**,2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corp	orations				
SUBJECT: BN	G 48 LLC Name of Limi	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Boris 3N6 4	Soreus Name of Person			
	1425	Firm/Company Brickell Ave 4 Address	<u> 480</u>		
	Miam	City/State and Zip Code Com.	>	2009 JUN -4 AM 10: 40 SECRETARY OF STATE TALLAHASSEE, FLORIO	7
	—	to be used or future annual report notificat	ion)	第二年 五	er er
For further information con	ncerning this matter, please of the control of the	all: at (<u>O(1_)386.41(c</u> Area Code & Daytime To	273820 elephone Number	STATE FLORIDA	لين
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)	Certified C	of Status &	
Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BN6 4	8 (CC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company Limited Lia	as it now appear bility Company)	s on our records.)			
The Articles of Organization for this Limited Liability Florida document number LO4000857	Company w	rere filed on <u>Ø</u>	1/09/06	and a	ssigned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liabili	ty company her	<u>e</u> :			
The new name must be distinguishable and end with the w	ords "Limite	d Liability Compa	ny " the designation	"I I C" or the	- abbrevi	ation
"L.L.C."	ords Emilies	a Liaomity Compa	iny, the designation	. LLC of the	abbievi	ation
Enter new principal offices address, if applicable:		1425	Brickell A	ven 	2009	
(Principal office address MUST BE A STREET ADD	RESS)	Apt. 41	3C	AR	JUL	- 1
·		Miami	FI 331	31 88	1	
Enter new mailing address, if applicable:		1425 3	orichell Au	renger	AH 15	
(Mailing address MAY BE A POST OFFICE BOX)	<u>84.48</u>		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	<u>-5</u> -		
		Miami	, FI 3313	5l *		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ee address on o	our records, <u>ente</u>	r the name	of the	new
Name of New Registered Agent:	Bons	Gore	uC			_ _
New Registered Office Address:	1425	Dricte	ter Florida street a	Apt.	480	<u>-</u>
	Mi	ami City	, Florida _	33 3 Zip Co	de .	_
New Registered Agent's Signature if changing Register	ad Agants	<i>,</i>		247 00		

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Lhereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title **Type of Action** Address Name ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00