## L15000067047

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

TO:	Registration Sec Division of Corp		***	
SUBJE	BP Paredes	LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Fabian Conde		
			Name of Person	
			Firm/Company	
•		2130 Van Buren Street, TH	1206	
			Address	
		Hollywood, FL 33120		
			City/State and Zip Code	
		fabian.conde@brickwall.pro	operties to be used for future annual report notifi	
For furt	her information co	oncerning this matter, please ca	•	cation)
Curtis \	Volfe		305 812-4500 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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 ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BP Paredes LLC						
(Name of the Limited 1	,iability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·			
the Articles of Organization for this Limited Liabilorida document number L15000063043	lity Company	were filed on 4/10/15	and assigned			
his amendment is submitted to amend the followi	ng:					
If amending name, enter the new name of th	e limited liab	ility company here:				
nvizta LLC						
he new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."			
Inter new principal offices address, if applicable	2130 Van Buren Street, TH206					
Principal office address MUST BE A STREET A	Hollywood, FL 33120					
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BO	<i>X</i> )					
B. If amending the registered agent and/or			enter the name of the			
egistered agent and/or the new registered office	e address here	2:				
N CN D L	Fabian Conde		15 /			
Name of New Registered Agent:	uoian conac					
New Registered Office Address:	2130 Van Burei		3			
		Enter Florida street address	To p			
<u> 1</u>	Hollywood	, Flor	ida 33120			
		City	Zip Code ', 1			
New Registered Agent's Signature, if changing Regi	istered Agent:		Series No			

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	Fabian Conde	2130 Van Buren Street, TH206	■ Add
		Hollywood, FL 33120	Remove
			□ Change
MGR	Victor Mendes	2130 Van Buren Street, TH206	Add
		Hollywood, FL 33120	□ Remove
			☐ Change
MGR	Paredes Family LLC	2130 Van Buren Street, TH206	
		Hollywood, FL 33120	Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
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			□ Remove
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						<u>.</u>	<u> </u>	<u> </u>	124.4
affective date, if other	er than the date (	f filing:				_ (option	Olive Tivili	22	
an effective date is listed to the list of the date insert locument's effective d	l, the date must be spe ted in this block doe	cific and cann es not meet t	the applicabl	date of filing o	r more than 90 c ling requireme	lays after fi	ling.) Purs	suant to one of the l	605.0207 isted as
e record specifies The 90th day aft	a delayed effec er the record is	ctive date, filed.	, but not a	an effectiv	e time, at 1	2:01 a.ı	n. on t	he ea	rlier of
Dated 08/2	4/2015	,		.•					
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Filing Fee: \$25.00