## L19000049130

(Re	questor's Name)	
(Ād	dress)	
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(Cit	y/State/Zip/Phone	e #)
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T. LEWIEUX

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BST GROVP UC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SACHA TOURET Name of Person
AZUMEQUITIES Firm/Company
300 S. Pine Slund Road #309
Plantation, FL 33324 City/State and Rip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SACHA TWAET at (786) 213. 3101. Name of Person at (786) Daytime Telephone Number
Enclosed is a check for the following amount:
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BST	- Lroup(( F性題)
	ty Company as it now appears on our records.  a Limited Liability Company)  2019 MAY - 1 P 3: 34
The Articles of Organization for this Limited Liability C	Company were filed on 62/19/2011 and assigned FALLABASSES, FLERE
Florida document number 119000049130	MALEAHASSEE, FESKUR
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new dress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
<del></del>	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 **Type of Action** <u>Address</u> Title <u>Name</u> 3005 Pine Island Doud Brid SACHA TOURET Plantation, FL 33324 ☐ Remove \_\_\_\_ Change \_\_\_\_\_ Change \_ □ Add □ Remove Change \_□ Add ☐ Remove ☐ Remove

\_□ Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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if an eff Note:	ive date, if other than the date of filing:
he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	3/28/20 44  Signature of a member or authorized representative of a member
	SERNARD TOWNET Typed or printed name of signee

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Filing Fee: \$25.00