

L19000079627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

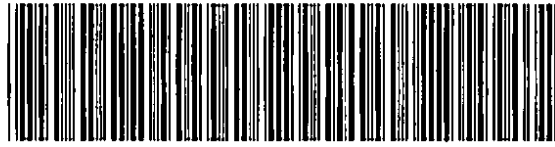
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3/22/21

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 22 PM 5:23

FILED

4/15/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2021

COREY WEST
803 RENAISSANCE POINTE
APT. 207
ALTAMONTE SPRINGS, FL 32714

SUBJECT: BELGIAN CROSS MEN'S CLUB, LLC
Ref. Number: L19000079627

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 621A00004401

Handwritten signature or initials, possibly "L. Moore".

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELGIAN CROSS MEN'S CLUB, LLC

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:

COREY WEST

Name of Person

Firm/Company

803 RENAISSANCE POINTE APT. 207

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

ADMIN@BELGIANCROSS.STORE

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COREY WEST

305 527-6330

at ()

Name of Person

Area Code

Daytime Telephone Number

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)

\$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

BELGIAN CROSS MEN'S CLUB, LLC

2021 MAR 22 PM 5: 23

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/21/2019 and assigned
Florida document number L19000079627.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BELGIAN CROSS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

803 RENASSAINCE POINTE

(Principal office address MUST BE A STREET ADDRESS)

APT. 207

ALTAMONTE SPRINGS, FL 32714

Enter new mailing address, if applicable:

803 RENASSAINCE POINTE

(Mailing address MAY BE A POST OFFICE BOX)

APT. 207

ALTAMONTE SPRINGS, FL 32714

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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