

L23000391443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

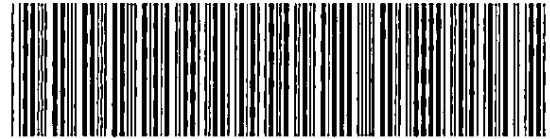
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

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COVER LETTER

262475008

TO: Registration Section
Division of Corporations



SUBJECT: BGC Enterprises 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:

Bertha M Gardens- Cruz
Name of Person
Bertha Gardens Cruz LLC
Firm/Company
14310 Southwest 8th Street Suite #941153
Address
Miami, Florida 33194
City/State and Zip Code
contact@hgc-enterprises.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bertha Gardens-Cruz at (786) 395-5154
Name of Person Area Code Daytime Telephone Number

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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**

BGC Enterprises LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 21, 2023 and assigned Florida document number L23000391443.

This amendment is submitted to amend the following:

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

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:

14310 Southwest 8th Street

(Principal office address MUST BE A STREET ADDRESS)

Suite #941153

Miami, Florida 33194

Enter new mailing address, if applicable:

c/o 1251 Southwest 134th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33184

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

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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>
MGR	Bertha Gardens-Cruz	PO BOX 941153	<input checked="" type="checkbox"/> Add
		Miami, Florida 33194	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bertha Gardens-Cruz	PO BOX 941153	<input checked="" type="checkbox"/> Add
		Miami, Florida 33194	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kaitlyn Cruz	PO BOX 941153	<input checked="" type="checkbox"/> Add
		Miami, Florida 33194	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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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 DEPARTMENT OF REVENUE
 TALLAHASSEE, FL

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 25.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 9th, 2024

Bertha Gardens-Cruz Director of Operations
Signature of a member or authorized representative of a member

All Rights Reserved

Bertha Gardens-Cruz, Director of Operations

Typed or printed name of signee