

LD1000022198

LD1000022198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

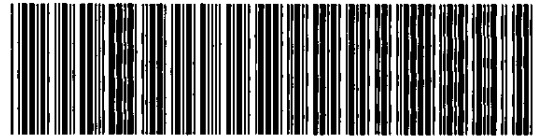
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100185471081

09/17/10--01017--010 **25.00

FILED
2010 SEP 17 PM 2:53
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
SEP 20 2010

J. SAULSBERRY
EXAMINER

SEP 20 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BWS TECHNOLOGY, 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:

CARLOS ANTONIO OTAZVARO
Name of Person
BWS TECHNOLOGY, LLC
Firm/Company
3111 PONCE DE LEON
Address
CORAL GABLES FL. 33134
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

FILED
2010 SEP 17 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CARLOS OTAZVARO at 305-984-3800
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

BWS TECHNOLOGY, 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 12/20/2001 and assigned
Florida document number ~~16100002198~~ L01000022198

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 end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2010 SEP 17 PM 2:53
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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:

CARLOS ANTONIO OTALVARO

New Registered Office Address:

SAME

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

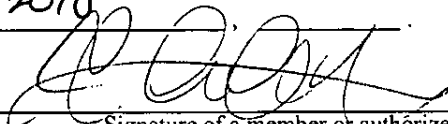
Title	Name	Address	Type of Action
MGR	ANTONIO OTALVARO	3111 PONCE DE LEON CORAL GABLES, FL. 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	NOAH OTALVARO	3111 PONCE DE LEON CORAL GABLES, FL. 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CARLOS ANTONIO OTALVARO	3111 PONCE DE LEON CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CARLOS NOAH OTALVARO	3111 PONCE DE LEON CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CARLOS FRANCISCO OTALVARO	3111 PONCE DE LEON CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

WE ARE AMENDING THE NAMES TO REFLECT
THE NAMES AS SHOWN ON THE FLORIDA
DRIVER'S LICENSE AS PER OUR BANKING
INSTITUTION REQUEST. WE ARE ALSO ADDING
CARLOS FRANCISCO OTALVARO

Dated

9/13/2010



Signature of a member or authorized representative of a member

CARLOS ANTONIO OTALVARO

Typed or printed name of signer