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L05000059139

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COVER LETTER

то:	Registration So Division of Cor	ection porations	-	
SURIE	B.J.LO EN	TERPRISES LLC		
.70030		Name of Lim	ited Liability Company	
		Amendment and fec(s) are submodence concerning this matter	•	
		JUAN LOPEZ		
			Name of Person	
		BLILO ENTERPRISES LI	· ·	
			Firm/Company	
		2196 SPAFFORD AVE		
			Address	
		WEST PALM BEACH, FL	, 33409	
		Address WEST PALM BEACH, FL 33409 City/State and Zip Code LWILDECPA@BELLSOUTH.NET		
			o be used for future annual report notific	ration)
For furt	her information c	oncerning this matter, please ca	di:	
LEON I	P WILDE		772 220-7658	
-	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
≋ \$2 5	i.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 Addres Registration S		Street Address: Registration Sect	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

B ALO ENTERPRISES LLC		
,	ompany as it now appears on our records) nited Liability Coinpany)	
The Articles of Organization for this Limited Liability Connumber L05000059139	mpany were filed on <u>06/14/2005</u>	and assigned Florida document
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ALO & JLO INVESTME	NTŞ LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," (the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2196 SPAFFORD AVE	2023
	WEST PALM BEACH, FL 33409	تن ر.
	<u> </u>	
		\Box
		PH
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)	2196 SPAFFORD AVE	<u> </u>
	WEST PALM BEACH, FL 33409	
B. If amending the registered agent and/or registered office registered office address here:	address on our records, <u>enter the name of</u>	the new registered agent and/or the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		. Florida

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 jurther agree to comply with the provisions of all statutes relative to 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 a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> Name <u>Address</u> Type of Action _____ □Change _____ □Remove _________DAdd ______ []Change IlRemove _____ Change ______ CIRcmove

Change

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fective date, if other to the effective date is listed, the ote: If the date inserted iccument's effective date	e date must be specific a in this block does no	and cannot be prior at meet the applic	to date of filing or able statutory fili	mean than 00 days - 04-	60:
ecord specifies a delayed is filed.	I effective date, but u	iot an effective t	ime, at 12:01 a m	, on the earlier of: (b)	The 90th day after th
APRIL 30	مبتشت	2023			
		·····	···		
J			orized representative		



June 25, 2023

JUAN LOPEZ 2196 SPAFFORD AVE WEST PALM BCH, FL 33409 US

SUBJECT: B.J.LO ENTERPRISES, LLC

Ref. Number: L05000059139

We have received your document for B.J.LO ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P04000167199.

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) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 423A00014321

