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☐ PICK-UP	☐ WAIT	☐ MAIL
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

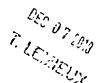
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## **COVER LETTER**

Registration Section Division of Corporations

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, Fl. 32314

TO:

SUBJECT: BVG -	TROPICAL 1	HOLDINGS LLC	_
	Name of Limite	d Liability Company	
The enclosed Articles of Amenda	ment and fee(s) are submi	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	VIOLET	M. PEREZ.	
	BVG TRO	PICAL HOLDING	SS LLC
		Firm/Company	
12:	OIN FEDERAL	Huy Suite 24, PC	D. BOX 4812
<u> </u>	LANGERDALE	FL 33304 - 48 City/State and Zip Code	2/2
	ر مرد سیسرد. د	City/State and Zip Code	<b>^</b> -
<u></u>	E-mail address: (to	EZ ZOIO O JMA be used for future annual report notification	on)
For further information concerning	ng this matter, please call	:	
VIOLET M.	PERLZ	at (305) 849 - C	759
Name of Person		Area Code Daytime Tele	phone Number
Enclosed is a check for the follow	wing amount:		
	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)

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

BUG TROPICAL NO	CDINGS, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears op our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOS 0000 423</u> .93	were filed on 64/28/2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	<del></del>
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	P.O. BOX GBIZ FY. LAUDENDALE, FL 33304, 4812
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1201 N. FEDERAL HWY, SUITE ZA P.O. BOX 4812 FT LANDERDALE, FL 33304-4812
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	//A
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I dm famillur with and rovided for in Chapter 605, F. D. of this document is
W.Ch.	The Books and Assay Circums of Nam David and Assay

Page 1 of 3

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
MGR ROBERT L. PG	ROBERT L. PEREZ	97652 OUECSEAS Abus H	□ Add
		77652 OVERSEAS HWY, H Key Large FL 33037	Remove
			Change
			O Add
			Remove
		74	Change
			Add
			Rcmove
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			Change
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			Change

. 11 atli	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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MOLE.	ive date, if other than the date of filing:
the red ) The	ord 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	NOVEMBER 4, 2019
	Signature of a member or authorized representative of a member
	VIOLET M. PEREZ

Page 3 of 3

Filing Fee: \$25.00