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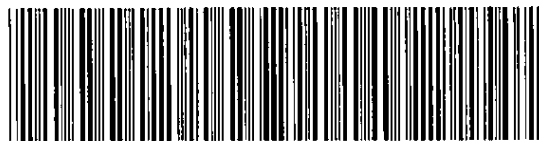
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BVG TROPICAL HOLDINGS, 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:

Craig S. Pearlman

Name of Person

Killgore Pearlman

Firm/Company

800 N. Magnolia Ave, Ste 1500

Address

Orlando, Florida 32803

City/State and Zip Code

aali@kpsds.com

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

For further information concerning this matter, please call:

Craig S. Pearlman

Name of Person

at (407)
Area Code

425-1020

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**

BVG TROPICAL HOLDINGS, 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 April 28, 2008 and assigned
Florida document number L08000042393.

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:

(Principal office address MUST BE A STREET ADDRESS)

601 NE 36th Street, Apt. 2908

Miami, Florida 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 NE 36th Street, Apt. 2908

Miami, Florida 33137

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:

Killgore Pearlman, P.A.

New Registered Office Address:

800 N. Magnolia Ave, Ste 1500

Enter Florida street address

Orlando

City

Florida 32803

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>
MGR	Violet M. Perez	1201 N. Federal Highway, Ste 2A	<input type="checkbox"/> Add
		Ft. Lauderdale, Florida 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert L. Perez	601 NE 36th Street, Apt. 2908	<input type="checkbox"/> Add
		Miami, Florida 33137	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Robert L. Perez Family Trust	601 NE 36th Street, Apt. 2908	<input checked="" type="checkbox"/> Add
		Miami, Florida 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert L. and Violet M. Perez Tst		<input type="checkbox"/> Add
			<input checked="" 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

[illegible]

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.

Dated July 9, 2024

Signature of a member or authorized representative of a member

ROBERT L. PEREZ

Typed or printed name of signee