## Division of Corporations Public Access System

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000205802 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### **BLL GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

PAGE N1/03

EMBIBE COBB KII

9696889908

ZS:pl 600Z/ZZ/S0

H0900U2U58UZ

# ARTICLES OF AMENDMENT FILED TO FORGANIZATION SEP 22 AM 8: 45

SECRETARY OF STATE
BLL GROUP LLC TALLAHASSEE, FLORIDA

(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 _O	OCTOBER 23, 2008 and assigned	
Florida document number L08000099893			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	re:	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Compa	any," the designation "LLC" or the abbrevi	ation
Enter new principal offices address, if applicable:			
(Principal office gddress MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on o e:	our records, enter the name of the	new
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida street address		
	, Florida		_
	City	Zip Code	
Name Barildanad Amanda Cimantona (Eukaralan Darietanad Amanda			

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

H09000205802

409000205802

If am anding the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name **Address** Type of Action LILLIAN MARCANO MGR 6861 FERN DRIVE ✓ Add Remove MIAMI LAKES, EL 33014 Lissette Rodríguez-Diaz MGR 235 ATLANTIC ISLES ✓ Add SUNNY ISLES FL 33160 Remove ☐ Add Remove ∏Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009/ Signature of a member or authorized representative of a member BARBARA SANJURJO, ESQ., ATTORNEY Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

1409000205802