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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section
Division of Corporations

__ BSZ Enterprises 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:

Alnoorali Jiwani		
Name of Person		
BSZ Enterprises LLC		
Firm/Company		
52 S Center St	201	
, telefress	2013 ASS	 -
Ormond Beach FL 32174	# 22 #4.50	\$**** K***
City/State and Zip Code		:
Barnies812@gmail:com		1
E-mail address: (to be used for future annual report notification)		
overning this matter, please call:	• <u>;</u> • • • • •	

For further information concerning this matter, please call

Alnoorali Jiwani

386 405 3639

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

BSZ Enterprises LLC					
(<u>Name of the Limited</u> (A	Liability Compa A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited L. Florida document number <u>L0900003343</u>	iability Company	were filed on 04 07 2	2009	_ and assi	gned
This amendment is submitted to amend the folk	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and end wi	th the words "Lim	ited Liability Company," th	ne designation "LLC	" or the a	bbreviatio
"L.L.C."	blo.			2019	
Enter new principal offices address, if applic		52 S Center St	35 T	\$1 20	
(Principal office address MUST BE A STREE	<u>et addressj</u>	Ormond Beach	FL 32174	 	
Enter new mailing address, if applicable:				PH 69 2	
Mailing address MAY BE A POST OFFICE BOX)		52 S Centrer St		Ø n	
		Ormond Beach	FL 32174		
B. If amending the registered agent and/ registered agent and/or the new registered or			ecords, <u>enter the</u>	name o	f the nev
Name of New Registered Agent:	Alnoorali .	Jiwani			
New Registered Office Address:	52 S cente	er St			
		Enter Flo	orida street addres.	5	
	Ormond E	leach	Florida 3217	74	
		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 standers 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
Mr	Hamid Gowani	8721 Lake Tibet Court	Add
		Orlando FL 32836	Remove
			
			Add
		The first	Remove
			2813 ANS 222
	· · · · · · · · · · · · · · · · · · ·	77	Add
		ÇĮ r	en
			Add
			Remove
			Add
			Remove
			
			Add
			Remove

	•
	8/20/2013
	Acilo
_	
	Signature of a member or authorized representative of a member
	Alnoorali Jiwani

Page 3 of 3

Filing Fee: \$25.00

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