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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARPROVES AND

D. BRUCE

DEJ 11 2012

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT:	FAMBC O	PERATORS, LLC		
·	Name of Limi	ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	JUAN E. BUSTILLO			
		Name of Person		
Firm/Company		Firm/Company		
	7018 NW 100TH TERRACE			
Address				
	TAMARAC, FL 33321		12 OI SECF TALL!	
fa		City/State and Zip Code ambc09@gmail.com	2 OCT -9 SECRETARY ALLAHASSI	F N
	E-mail address: (E-mail address: (to be used for future annual report notification)		
For further information	n concerning this matter, please of	call:	AM 10: 1	
JUA	AN E. BUSTILLO	at (954) 93	37-1087	
Name of Person		Area Code & Daytime T	elephone Number	
Enclosed is a check fo	or 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:		STREET/COURIE	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BC OPERATORS LLC			
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appear orida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liabi Florida document number L0900007739		8/12/2009	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with th	ne words "Limited Liability Compa	my," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
			7 56 7	
Enter new mailing address, if applicable:			OCT CREIP	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		SSR -9	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o	our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
-	Cit.	, Florida	Zip Code	
	City		zıр Соае	

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

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 **Type of Action** Title Name | <u>Address</u> MGRM LUIS E. CUESTAS 108 GARDEN DR. APT 204 ☐ Add POMPANO BEACH FL 33069 Remove Add 🔲 Remove ☐ Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Signature of a member or anthorized representative of a member JUAN E. BUSTILLO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

APPROVES AND FILED