

L10000039244

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF COURT

D SCOTT
SEP 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2017

MARIA PRATS HAMILTON ATTORNEY AT LAW
7600 RED RD, SUITE 229
SOUTH MIAMI, FL 33143

SUBJECT: BJV, LLC A FLORIDA LIMITED LIABILITY COMPANY
Ref. Number: W17000069539

We have received your document for BJV, LLC A FLORIDA LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete application.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 817A00017398

2017 SEP 18 AM 11:05

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

SEP 18 PM 1:39
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BJV, LLC, a Florida limited liability company

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:

Maria Prats Hamilton Attorney at Law

Name of Person

Maria Prats Hamilton Attorney at Law

Firm/Company

7600 Red Road, Suite 229

Address

South Miami, FL 33143

City/State and Zip Code

bjv.llc@gmail.com

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

For further information concerning this matter, please call:

Maria Prats Hamilton Attorney at Law

305 665-5610

at ()

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

RECEIVED
DIVISION OF CORPORATIONS
JAN 10 PM 1:39
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BJV, LLC, a Florida limited liability company

(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 4/12/2010 and assigned Florida document number L10000039244.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, **Florida** *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>
AMBR	Vanessa Goenaga	8344 SW 8 Street, Miami, FL 3314	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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 August 18, 2017

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00