L10000130688

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SECRETARY OF STATI

J. BRYAN

JAN 28 2011

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		·	
SUBJECT: BV		mericas LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence	endence concerning this matte	r to the following:	
		Nathan Berman	
		Name of Person	
C		orporate Solutions LLC	TARE :
		Firm/Company	CRE Z
	520	Brickell Key Dr Ste 1403	TAR TAR
		Address	· · · · · · · · · · · · · · · · · · ·
Miami, FL 33131		JAN 27 AM 11: 42 LECRETARY OF STATE SECRETARY OF FLORID	
		City/State and Zip Code	RIDA
	E-mail address: (to be used for future annual report notific	ation)
For further information c	oncerning this matter, please	call:	
Nat	than Berman	at (305) 3	71-6563
Name o	f Person	Area Code & Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIE Registration Section	

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

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

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

ARTICLES OF A	MENDMENT PER E
ARTICLES OF O	
BV Americ	cas LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L10000130688</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u> N/A	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(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	
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** MGR Michael L. Nix ☑ Add ☐ Remove 520 Brickell Key Dr Ste 1403 Miami, FL 33131 MGR Ivete Gabaldi 520 Brickell Key Dr. Ste 1403 Remove Miami, FL 33131 ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, N/A

Signature of a number or authorized representative of a member

Nathan Berman

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00