

L1100011569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

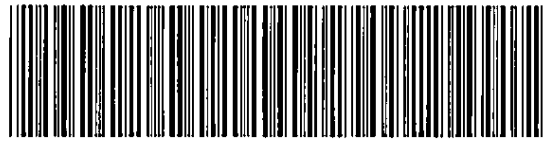
(Business Entity Name)

(Document Number)

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ALLAHUSSEIN, Florida

2017 OCT 19 P 2:52

FILED

D SCOTT  
OCT 20 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BDJ 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:

DUANE DECASTRO

Name of Person

BDJ ENTERPRISES LLC

Firm/Company

17 OCEAN STREET

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

osaleh@synergylaw.us

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

For further information concerning this matter, please call:

OMAR SALEH

954 305-5454  
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

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## BDJ ENTERPRISES LLC

The Articles of Organization for this Limited Liability Company were filed on 9/29/2011 and assigned Florida document number 111000111569

**A. If amending name, enter the new name of the limited liability company here:**

**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>
MGR	BRIAN EISELE	17 OCEAN STREET	<input type="checkbox"/> Add
		JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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