Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIDER BC LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIDER BC LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records. orida Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L11000128307		and assigned
This amendment is submitted to amend the following	r	
A. If amending name, enter the new name of the	limited liability company here:	22 PM
The new name must be distinguishable and end with 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 AD	DRESS)	3 11
		(N)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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

___ Remove

MGR≈ M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	YVAN MARTINEZ	1110 BRICKELL AVE	Add
		STE: 600	Remove
	•	MIAMI, FL 33131	
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, If amending any other information, enter c	hange(s) here:	(Attach additional sheets,	if necessary.)	
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Effective date, if other than the date of filin (The effective date must be specific, cannot be prior to de	g:	date and cannot be more than 9	(optional)	
the date this document is filed by the Florida Departme	nt of State)			
Dated SEPTEMBER 11	2014	Afoan Maxinez		
		Uyan Martinez		
Signature of a	member or authoris	ed representative of a member		
YVAN MARTINEZ				
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