## L12000024647

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

3		COVEREETTER	
TO: Registration Se Division of Cor			7
BYM Com	mercial, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	• ••••		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Miguel Bouzas		
		Name of Person	
	Florin Gray		
		Firm/Company	
		,,, ,, ,	
	16524 Pointe Village Dr.		
		Address	
	Suite 100	Lutz, FL 3355	8
		City/State and Zip Code	
	bymrctail@6102@gmail.co	oni	
	E-mail address: (	to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
Miguel Bouzas		631 7414504	
	f Person	at ()	ne Telephone Number
Name o	i rerson	Area Code Dayun	ne reiephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S		Registration So	
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee, I	1	2415 N. Monro	oe Street, Suite 810
		Tallahassee, Fl	L 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BYM Commercial, LLC

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)	·
The Articles of Organization for this Limited I Florida document number 1.12000024647	Liability Company were filed on	February 21, 2012	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	<u>v here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		7.025
		<del></del>	· (A 5-5)
Enter new mailing address, if applicable:			<del>-0</del> \$;
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u>· 글 -</u> -
		- <del></del>	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addresses.	•.•	ır records, <u>enter the namı</u>	ان e of the new registered
Name of New Registered Agent:	Miguel Bouzas		
New Registered Office Address:	16524 Pointe Village Dr. Suite	e 100	_
	Enter	Florida street address	
	Lutz	, Florida <sup>335</sup>	58
	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

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>	Address	Type of Action
MGRM	Benigno Bouzas	35 West Pine Street	□ Add
		Orlando, FL 32801	Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change

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Filing Fee: \$25.00