

L12000143174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

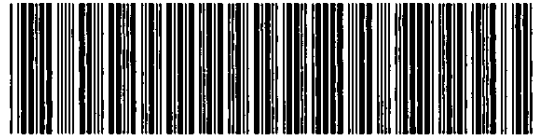
(Business Entity Name)

(Document Number)

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FILED  
2013 JAN 17 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JAN - 8 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2013

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

SUBJECT: BCJV, LLC  
Ref. Number: L12000143174

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

The effective date must be specific and cannot be prior to the date of filing.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 413A00000560

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BCJV, 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:

**Maria Prats Hamilton, Attorney at Law**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**7600 Red Road, Suite 229**

\_\_\_\_\_  
Address

**South Miami, Florida 33143**

\_\_\_\_\_  
City/State and Zip Code

**mphamilton@msn.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** at **305 665-5610**

\_\_\_\_\_  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2013 JAN 17 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BCJV, LLC

(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 11/13/12 and assigned  
Florida document number L12000143174.

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 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 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*

Florida

*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 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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending 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:

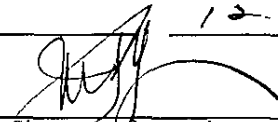
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Carmen J. Goenaga		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGMR	Jackline Goenaga		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 11/13 12



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Maria Prats Hamilton, Attorney at Law**

\_\_\_\_\_  
Typed or printed name of signer

**Page 3 of 3**

**Filing Fee: \$25.00**

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**2018 JAN 17 PM 12:39**  
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TALLAHASSEE, FLORIDA