

L130000 32052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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03/30/20--01009--015 **30.00

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2020 MAR 30 AM 11:08

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Amend

APR 1 2020
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIG RIO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

REBECCA L WILLIAMS, EA
Name of Person
BEE SQUARE TAX CONSULTATION AND SERVICE INC
Firm/Company
1650 SAND LAKE RD STE 115
Address
ORLANDO, FL. 32809
City/State and Zip Code
REBECCA@BEESQUARETAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECCA L WILLIAMS 407 851-4037
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

BIG RIO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2020 MAR 30 AM 11:08
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TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 03/01/2013 and assigned
Florida document number L13000032052.

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 contain 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)

800 FORMOSA AVE

WINTER PARK, FLORIDA 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 FORMOSA AVE

WINTER PARK, FL. 32789

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:

JOHN WASH

New Registered Office Address:

800 FORMOSA AVE

Enter Florida street address

WINTER PARK, Florida 32789

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DRD, LLC	1120 BELLEAIRE CIR	<input type="checkbox"/> Add
		ORLANDO, FL. 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BEALE COMMERCIAL	REALTY SERVICES, LLC	<input type="checkbox"/> Add
		250 N ORANGE AVE STE 1500	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL. 32801	<input type="checkbox"/> Change
AMBR	JOIN WASII	800 FORMOSA AVE	<input checked="" type="checkbox"/> Add
		WINTER PARK, FL. 32789	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00