

L170000 L2706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

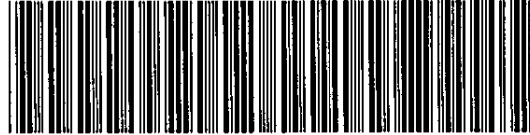
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 17 2015

J SHIVERS

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15 AUG 18 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11
623

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BG CAPITAL LSX, 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:

HELMUT FORERO

Name of Person

BG CAPITAL MANAGMENT

Firm/Company

1250 SOUTH INE ISLAND RD 5TH FLOOR

Address

PLANTATION, FL 33324

City/State and Zip Code

hforero@bgcap.com

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

For further information concerning this matter, please call:

HELMUT FORERO at (954) 762.2223
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2015

HELMUT FORERO
1250 S PINE ISLAND RD 5TH FLOOR
PLANTATION, FL 33324

SUBJECT: BG CAPITAL LSX, LLC
Ref. Number: L13000062306

We have received your document for BG CAPITAL LSX, 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 registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00016449

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

BG CAPITAL LSX, 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 04/29/2013 and assigned
Florida document number L13000062306.

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)

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:

HELMUT FORERO

New Registered Office Address:

1250 SOUTH PINE ISLAND RD 5TH FLOOR

Enter Florida street address

PLANTATION

Florida

City

33324

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	DUKE, OWEN	1250 S PINE ISLAND RD SUITE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HELMUT, FORERO	1250 S PINE ISLAND RD SUITE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 AUG 13 PM 4:33
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TALLAHASSEE, FLOR

15 AUG 13 PM 4:35
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535
TELEPHONE (202) 452-2000
FACSIMILE (202) 452-2000
WWW.FBI.GOV

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 13, 2015
Kirstie Ward
 Signature of a member or authorized representative of a member
Kirstie Ward
 Typed or printed name of signer