Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001517713)))



H210001517713ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ABITOS PLLC

Account Number : I20200000189

Phone

: (305)774-2945

Fax Number

: (305)774-1504

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 
Email	Address:	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BM REL 7, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

23

Electronic Filing Menu

Corporate Filing Menu

-Help

To:

Page: 3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BM REL 7, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records) ed Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa Florida document number L13000088088	ny were filed on 06/18/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	· 22
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•••	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		70
Enter new mailing address, if applicable:		4:48
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	<del></del>
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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.

From: Paola Sanchez

MGR = Manager

Fax: 13057742945

To:

Fax: (850) 617-6383

Page: 4 of 5

\_ 🗆 Change

\_ □∧dd

□ Remove

\_\_ DChange

04/15/2021 6:23 PM

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action <u>Title</u> Name <u>Address</u> MGR CAVENAGHI, FERNANDO 255 ARAGON AVENUE, 2ND FLOOR \_ □Add CORAL GABLES, FL 33134 Remove □Change 255 ARAGON AVENUE, 2ND FLOOR G & G MANAGEMENT US LLC MGR ≣∧dd CORAL GABLES, FL 33134 Remove Change □∧dd: |☑|Kemove ∐∧dd □Remove \_ Change \_ □ Add □Remove

				<del></del>
<del></del>				<del>_</del> _
Mary 44				<del></del> -
				•
				2021 NPR 1
		·· <del></del>		1 1/2
				R 16
<del></del>				
				· · · · · · · · · · · · · · · · · · ·
	<del></del>			
		- · · · · · · · · · · · · · · · · · · ·		<del> </del>
			(antional)	
Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the applica	o date of filing or more ble statutory filing re	han 90 days after filing.) I quirements, this date w	Pursuant to 605.0207 (3)( ill not be listed as the
ne record specifies a delayed effective da ard is filed.	ite, but not an effective tir	ne, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
, APRIL 15	2021			
Dated		_•		
	THE PARTY OF THE P	rized representative of a		

Typed or printed name of signee