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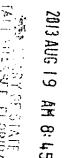
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J. SAULSBERRY EXAMINER AUG 21 2013

COVER LETTER

Registration Section
Division of Corporations

BUSINESS NETWORK, 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:

	RAF	AEL TAVAREZ			
		Name of Person		_	
		Firm/Company		_	
	647	7 NW 170TH LN			
		Address		201	
	HIA	LEAH FL. 33015		2013 AUG	. t
		City/State and Zip Code	··· -	195	1 - 1 - 1
	·	o be used for future annual report notificat	ion)	AA 3:	3200
For further information c	oncerning this matter, please c	all:		35 35	
Name o	of Person	at ()	elephone Numb	 per	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fee, cate of Status & ed Copy onal copy is enc	losed)

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**

BUSINESS NETWORK, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our recortiability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 07/11/2013	and assigned
Florida document number L13000098660		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6477 NW 170TH LN	
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH FL 33015	2018
Enter new mailing address, if applicable:	6477 NW 170TH LN	9 [
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAH FL 33015	
		27 <u>4</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
	, Flor	rida
	City	Zip Code

Registered Agent's Signature, it 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.

nalialia	
08/13/13	
08/13/13	
08/13/13	Signature of a member or authorized representative of a member
08/13/13 	Signature of a member or authorized representative of a member RAFAEL TAVAREZ

Page 3 of 3

Filing Fee: \$25.00

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