

L13000149058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

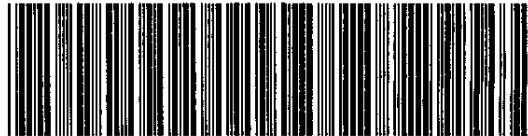
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 DEC 30 P 3:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**D. BRUCE
JAN 03 2017**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2016

BETTINA MONTOYA
2130 VAN BUREN STREET TH 206
HOLLYWOOD, FL 33020

SUBJECT: BW FAMILY LLC
Ref. Number: L13000149058

We have received your document for BW FAMILY 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):

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

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 516A00026906

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 DEC 30 PM 3:30

2016 DEC 30 PM 3:03

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

BW FAMILY 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 10/23/2013 and assigned
Florida document number L13000149058.

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:

FABIAN J CONDE

New Registered Office Address:

2130 VAN BUREN STREET TH 206

Enter Florida street address

HOLLYWOOD

City

Florida


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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>
AMBR	FABIAN CONDE	2130 VAN BUREN STREET TH 2	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BETTINA MONTOYA	2130 VAN BUREN STREET TH 2	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

(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.

Dated NOVEMBER 11TH 2016

Signature of a member or authorized _____

Signature of a member or authorized representative of a member

BETTINA MONTOYA

Typed or printed name of signee