

L14000023919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

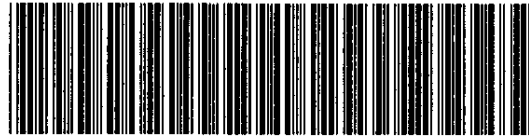
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Sinters APR 17 2014

T. ROBERT ZOCHOWSKI, J.D., L.L.M.
COUNSELLOR AT LAW

MEMBER D.C., N.J., N.Y. & FL. BAR

HAAS BLDG. SUITE 400
1001 N. U.S. HIGHWAY ONE
JUPITER, FLORIDA 33477
561-744-1175
FAX 561-744-6333

P.O. BOX 33
PRINCETON JUNCTION, N.J. 08550
609-799-2111
FAX 609-799-7563

PLEASE REPLY TO Jupiter

April 10, 2014

VIA Federal Express
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: BIGIAOUI, LLC/Document No. L14000025919

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Organization concerning the above limited liability company.

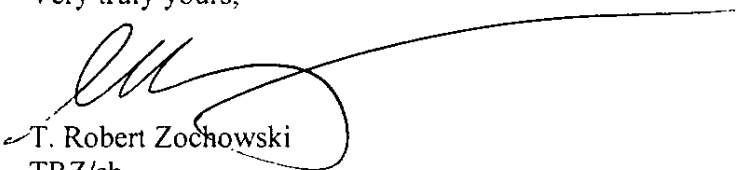
Also enclosed please find check in the amount of \$25.00 representing the filing fee.

Please return all correspondence concerning this matter to:

T. Robert Zochowski, Esq.
Suite 400, 1001 N. U.S. Highway One
Jupiter, FL 33477

If you have any questions, please advise.

Very truly yours,



T. Robert Zochowski
TRZ/sb
Enclosures

cc: Larry Sitbon

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIAGIAOUI, 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:

T. Robert Zochowski, Esq.

Name of Person

T. Robert Zochowski, Esq.

Firm/Company

1001 N. US Hwy One, Suite 400

Address

Jupiter, FL 33477

City/State and Zip Code

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

For further information concerning this matter, please call:

T. Robert Zochowski, Esq.

Name of Person

at (561) 744-1175

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

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

BIAGIAOUI 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 February 13, 2014 and assigned Florida document number L14000025919.

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 end with 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)

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TALLAHASSEE, FLORIDA

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: Larry Sitbon

New Registered Office Address: 168 Spyglass Lane,
Enter Florida street address

Jupiter, Florida 33477
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.

Larry Sitbon
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March

7 2014

Larry Sitbon

Signature of a member or authorized representative of a member

Larry Sitbon

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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