

6/6/2014

L14000093685

Division of Corporations

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : J.E. OYARCE & ASSOCIATES, PA  
Account Number : I19990000186  
Phone : (305) 324-2248  
Fax Number : (305) 324-4959

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

Email Address: JE OYARCE@comcast.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BELCAS GROUP LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN - 9 2014

EXAMINER

4

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BELCAS GROUP, 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:

**JORGE E OYARCE**

Name of Person

**JE OYARCE & ASSOCIATES, PA**

Firm/Company

**199 SW 12TH AVENUE, SUITE 4**

Address

**MIAMI, FL 33130-1056**

City/State and Zip Code

**jeoyarce@comcast.net**

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

For further information concerning this matter, please call:

**JORGE E OYARCE**

Name of Person

**305 324-2248**

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

BELCAS GROUP, LLC

Jun. 6. 2014 1:50PM JE Oyace & Associates, PA

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>
MGMR	ROGGER O BELTRAN	10014 NW 88TH TERR	<input type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
MGMR	MIRYAM MUJICA	10014 NW 88TH TERR	<input type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
AMBR	FROILAN MARTIN	331 NORTHWEST BLVD.	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

**ARTICLE IV SHALL READ AS FOLLOWS:**

The Name and address of person(s) authorized to manage LLC:

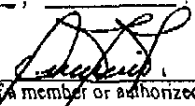
MGMR: Roger O BELTRAN, Located at 10014 NW 88TH TERR., DORAL, FL 33178

MGMR: Miryam MUJICA, Located at 10014 NW 88TH TERR., Doral, FL 33178

AMBR: Froilan MARTIN, Located at 331 NorthWest Blvd., Miami, FL 33126

E. Effective date, if other than the date of filing: 06/01/14 (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 JUNE 6TH, 2014

  
Signature of a member or authorized representative of a member

**ROGGER O BELTRAN**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JUN 6 2:11:00

FILED