Ioriaa 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. **

JEOYARCE@comcast, net Email Address:

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

Certificate of Status	0	
Certified Copy	0	
Page Count	05	
Estimated Charge	\$25.00	

B. BOSTICK

1014 - 9 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

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

305 324-2248

Name of Person Area C

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, PL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION \mathbf{OF}

BELCAS	GROUP, L	LU		
(Name of the Limited Liability Comp. (A Florida Limited	nny <u>na it now appe</u> Liability Company)	ars on our records.)		
he Articles of Organization for this Limited Liability Company Torida document number	were filed on _	04/02/14	and assi	gned
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company l	here:		
he new name must be distinguishable and end with the words "Limited Lia	bility Company," th	e designation "LLC" or the	abbreviation "L	L.C."
Enter new principal offices address, if applicable:	10635 N\	W 122ND STRE	ET 🗮	<u>; 3</u>
Principal office address MUST BE A STREET ADDRESS)	MEDLEY	, FL 33178	- 14-15 14-15	
).	7
Inter new mailing address, if applicable:	10635 N	W 122ND STRE	ET	: غ المرابع العوارية
Mailing address MAY BE A POST OFFICE BOX)	MEDLEY	7, FL 33178	- 3	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		on our records, <u>ente</u>	the name	of the
New Registered Office Address:	Enter F	lorida street address		<u> </u>
		, Florida _		
New Registered Agent's Signature, if changing Registered Agent	City		Zip Code	

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

Page 1 of 3

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>	Name	Address	Type of Action				
MGMR	ROGGER O BELTRAN	10014 NW 88TH TERR	D Add				
		DORAL, FL 33178	□ Remove				
MGMR	MIRYAM MUJICA	10014 NW 88TH TERR	Add				
		DORAL, FL 33178	Remove				
AMBR	FROILAN MARTIN	331 NORTHWEST BLVD.	□ Add				
		MIAMI, FL 33126	Remove				
			Add				
			Remove grag				
			Add				
			C Remove				
			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 filling: 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 Plorida Department of State)

Dated

Signature of a member or adhorized representative of a member ROGGER O BELTRAN

Typed or printed name of signace

Page 3 of 3

Filing Fee: \$25.00