# 305368

## 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.\*\*

jeoyarce@comcast.net

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

Certificate of Status	0
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#### **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

,,305,324-2248

Name of Person

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 Filling Fee & Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is anclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2014 OCT 14 AM 7: 59 SECRETARY OF STATE TALL MHASSEE, FLORIDA

BELCAS GR (Name of the Limited Liability Compa (A Florida Limited	OUP, LLCF		
The Articles of Organization for this Limited Liability Company Florida document number L14000053685		and assigned	
This amendment is submitted to amend the following:	district and the same of the s		
A. If amending name, <u>enter the new name of the limited liab</u>	nuty company nere:		
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	10635 NW 122ND STREET		
(Principal office address MUST BE A STREET ADDRESS)	MEDLEY, FL 33178		
Enter new mailing address, if applicable:	10635 NW 122ND STREET		
(Mailing address MAY BE A POST OFFICE BOX)	MEDLEY, FL 33178		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	•	the name of the ne	
Name of New Registered Agent:			
New Registered Office Address.	Enser Florida street address		
	, Florida		
	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.

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>	Address	Type of Action
MGMR	ROGGER O BELTRAN	10014 NW 88TH TERR	□ Add
		DORAL, FL 33178	□ Remove
MGRM	MIRYAM MUJICA	10014 NW 88TH TERF	— <b>≀</b> □ <sub>Add</sub>
		DORAL, FL 33178	☐ Remove
AMBR	FROILAN MARTIN	331 NORTHWEST BLVD	 }□ Add
		MIAMI, FL 33126	■ Remove
			Remove
			D Remove
			□ Add
			C 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: Rogger O BELTRAN, Located at 10014 NW 88th Terr., Doral, FI 33178

MGMR: Miryam MUJICA, Located at 10014 NW 88th Terr., Doral, FI 33178

Effective date, if other than the date of filing:		(optional)
(The effective date must be specific, cannot be prior to date of	of receipt or filed date and c	annot be more than 90 days after
the date this document is filed by the Blowida Department of	POtata)	- · ·

Dated	OCTOBER 14	2014	
_			
		Signature of a member or authorized representative of a member	
		ROGGER O BELTRAN	
	*****	Typed or printed name of signee	

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Filing Fee: \$25.00

2014 OCT 14 AM 7:5