



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000262678 3)))



H17C002626783ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6363

From:
Account Name : PAUL SALVER, P.A.
Account Number : 120020000087
Phone : (954)389-1333
Fax Number : (954)389-1397

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BODEGON LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

2017 OCT -5 PM 1:46

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

OCT 06 2017

J. HARRIS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BODEGON, 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 6/30/14 and assigned
Florida document number L14000104322.

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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 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>
MGR	FIF TC LTD.	2721 EXECUTIVE PARK DRIVE	<input type="checkbox"/> Add
		SUITE 4	<input checked="" type="checkbox"/> Remove
		WESTON, FL 33331	<input type="checkbox"/> Change
MGR	RODRIGUEZ, ELISARDO M.	2721 EXECUTIVE PARK DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 4	<input type="checkbox"/> Remove
		WESTON, FL 33331	<input type="checkbox"/> Change
MGR	ECHVERRIA, JAVIER	2721 EXECUTIVE PARK DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 4	<input type="checkbox"/> Remove
		WESTON, FL 33331	<input type="checkbox"/> Change
MGR	DIAZ, FEDERICO J.	2721 EXECUTIVE PARK DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 4	<input type="checkbox"/> Remove
		WESTON, FL 33331	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 OCT -5 AM 8:35

10/5/2017

2017 OCT -5 AM 8:36