

L150000 11739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

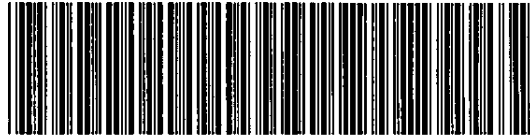
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. S. Siver 15 FEB 25 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B.K.A. FL, 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:

Betty M. Coello

Name of Person

Firm/Company

9234 SW 132 ST

Address

MIAMI, FL 33176

City/State and Zip Code

bienescoellob@gmail.com

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

For further information concerning this matter, please call:

Richard Rivas

Name of Person

at 202 656-3344

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

B.K.A. FL, LLC

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STATE OF FLORIDA
TALLAHASSEE

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>
AMBR	Betty M. Coello	9234 SW 132 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
AMBR	Katherine C. Ghinaglia	9234 SW 132 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
AMBR	Armando J. Ghinaglia	9234 SW 132 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
MGR	BETTY COELLO	357 LAKEVIEW DRIVE, #102	<input type="checkbox"/> Add
		WESTON, FL 33326	<input checked="" type="checkbox"/> Remove
AP	RICHARD RIVAS	357 LAKEVIEW DRIVE, #102	<input type="checkbox"/> Add
		WESTON, FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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5 FEB 19 2010
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

Add The Following Article: Article VI

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

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 January 20, 2015, _____.

Betty Coello

Signature of a member or authorized representative of a member

BETTY M. COELLO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA