

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 : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 Phone

: (305)444-8800

Fax Number

: (305)444-4010

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 BVW 1004, LLC**

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BVW 1004 LLC			ÉÉ
	nv as it now nonce		مختشة سدة
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	ra on our records.)	-17
The Articles of Organization for this Limited Liability Company Florida document number 1.15000085777	were filed on _	05/14/2015 GRID ORIGINAL SERVICE ORIGINA	Ö
This amendment is submitted to amend the following:		>> W	
A. If amending name, enter the new name of the limited linb	ility company l	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	90 Edgewater	Drive, Unit #917	
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables,	Florida 33133	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Drive, Unit #917 Florida 33133	,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	re:	on our records, enter the name of the n	iew
	00 Ed	ater Drive Unit #917	•
New Registered Office Address:		lorida street address	•
Co	ral Gables	Florida 33133	
	Cïty	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 abligations of my position as registered agent as provided for in Chapter 805, 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

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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>	Address	Type of Action
MGR	Beatriz Abraham	175 Sw 7 Th Street	
		Miami, Florida 33130	■ Remove
			☐ Change
MOR	Beatriz Abraham Monserat	90 Edgewater Drive Unit #917	
		Coral Gables, Florida 33133	□ Remove
			Change
MGR	Bentriz Eugenia Osorio Abraham	90 Edgewater Drive Unit #917	
		Coral Gables, Florida 33133	□ Remove
		•	□ Change
	<u> </u>		CJ Add
			☐ Remove
			☐ Change
			
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			□ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 late; If the date inserted in this block does not meet the applicable statutory filing requiren ocument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at	nents, this date will not be listed as the
The 90th day after the record is filed.	
2/18/2016	The state of the s
Dated 03/09/2016	
Deatur Oliaham &.	
Dated 03/09/2016,	
Signature of a member or authorized representative of a mem Beatriz Abraham Monserut	APPY OF ST
Signature of a member or puthorized representative of a mem	ARY OF S