

L150000089603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

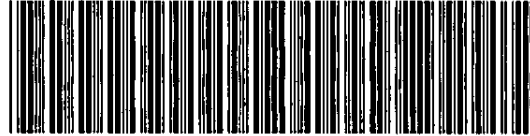
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 MAR - 8 PM 3:35
TALLAHASSEE, FLORIDA

MAR 09 2016

Y SULKER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I enclose Duplicates of the Articles of Amendment for **2 BC Capital, LLC**, a domestic LLC (Document #L15000089603).

Please file the attached Articles and return Proof of Filing to the below address.

Payment for the required fees is enclosed (\$25.00 to Department of State).

If you have any questions or concerns, do not hesitate to contact us.

Sincerely,

The Client Services Team
MyNewCompany.com, Inc.
187 E. Warm Springs Rd., Suite B
Las Vegas, NV 89119

Phone: 702-362-2677
Fax: 702-825-2581

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2 BC Capital, 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:

Ed Tsuji

Name of Person

MyNewCompany.com, Inc.

Firm/Company

187 E. Warm Springs Road, Suite B

Address

Las Vegas, NV 89119

City/State and Zip Code

elsiec@exitrealtybrickell.com

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

For further information concerning this matter, please call:

Ed Tsuji

702 362-2677
at ()

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 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, FL 32314

STREET/COURIER ADDRESS:

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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16 MAR - 3 PM 3:35
COSTA MESA
LIBRARY

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

11/11/2016 11:00 AM

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 3rd, 2016

Signature of a member or authorized representative of a member

Jose Augusto Chetto Bisneto, Authorized Representative

Typed or printed name of signee