

L15000103507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

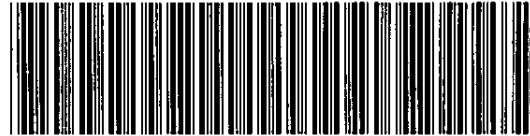
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 05 2015
FUDGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JERICHO-BMR Wholesale, 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:

Eduardo Barnes
Name of Person

JERICHO-BMR Wholesale, LLC.
Firm/Company

8246 SW 27 St
Address

Miramar, FLA. 33025
City/State and Zip Code

guardobbb@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo Barnes at (786) 623-8879
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JERICHO-BMR Wholesale, 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 June 12, 2015 and assigned Florida document number L15000103507

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Jericho-B&R, LLC.

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)

1540 NW 119th Street
Apt. 102
Miami, FLA. 33167

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1540 NW 119th Street
Apt. 102
Miami, FLA. 33167

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:

Eduardo Barnes

New Registered Office Address:

8246 SW 27 St

Enter Florida street address

Miramar

City

Florida

33025

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

Title	Name	Address	Type of Action
Pres	Antionette Malakius	6060 S. Falls Circle	<input type="checkbox"/> Add
		Apt 323 Lauderdale, FL 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Pres	Eduardo Barnes	8246 SW 27th	<input type="checkbox"/> Add
		Miramar, FL 33025	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Samantha Ross-Russell	1540 NW 119th	<input type="checkbox"/> Add
		Apt. 102	<input type="checkbox"/> Remove
		Miami, FLA. 33167	<input checked="" type="checkbox"/> Change
	Sala Thiel Russell	1540 NW 119th	<input checked="" type="checkbox"/> Add
		Apt. 102	<input type="checkbox"/> Remove
		Miami, FLA. 33167	<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

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

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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 _____, _____

E. Barnes

Eduardo Barnes
Typed or printed name of signee