

L15000129724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

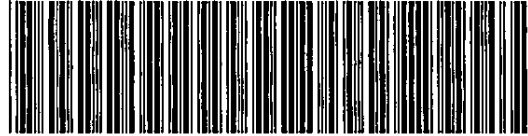
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2016 OCT -3 A 8:49
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 04 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

Blue Demons Motorcycle Club LLC

SUBJECT: _____
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:

Dilton Bosch

Name of Person

Blue Demons Motorcycle Club

Firm/Company

8925 Sw 148th ST Suite#218

Address

Miami FL 33176

City/State and Zip Code

bluedemonsmc@gmail.com

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

For further information concerning this matter, please call:

Dilton Bosch

786

226-3079

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

FILED
2015 OCT - 3 A 18:49
TALLAHASSEE, FLORIDA

**TO
ARTICLES OF ORGANIZATION
OF**

Blue Demons Motorcycle Club 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 July 28th, 2015 and assigned
Florida document number L15000129724

This amendment is submitted to amend the following:

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

Blue Demons Law Enforcement Motorcycle Club LE/MC 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)

8925 SW 148th ST. Suite #218

Miami, FL. 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8925 SW 148th ST. Suite #218

Miami, FL. 33176

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

Florida

City

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

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	DILTON BOSCH	5555 East 8th Ave.	<input type="checkbox"/> Add
		Hialeah, Fl.33013	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SONNY OCHART	5555 East 8th Ave.	<input type="checkbox"/> Add
		Hialeah, Fl.33013	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ERNEST BANDIERA	5555 East 8th Ave.	<input type="checkbox"/> Add
		Hialeah, Fl.33013	<input type="checkbox"/> Remove
			<input checked="" 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

FILED
2018 OCT - 20 A 04 9
TALLAHASSEE, FLORIDA

I just needed to change the address of the MGR's on page 2.. Thank you.

FILED
2011 OCT - 3 A 8:49
TALLAHASSEE, FLORIDA

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 09/26/12, _____.



Signature of a member or authorized representative of a member

Dillon Bosch

Typed or printed name of signer