

10/4/2016

Division of Corporations

L15000138667
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 : FORCALBER SERVICES INC
Account Number : I20150000098
Phone : (305)713-9142
Fax Number : (815)550-9948

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ACC. ALBER@Hotmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BVW704,LLC**

Certificate of Status	0
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2017 OCT -4 AM 11:08

J. HARRIS

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Corporate Filing Menu

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OCT 05 2016
J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BVW704, 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 08/17/2015 and assigned Florida document number L15000138667.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

1723 SW 2ND AVE

UNIT 704

MIAMI, FL 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11801 NW 100TH ROAD

SUITE 1

MEDLEY, FL 33178

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:

SANDRO DE LELLIS

New Registered Office Address:

11801 NW 100TH ROAD SUITE 1

Enter Florida street address

MEDLEY

City

Florida 33178

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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:

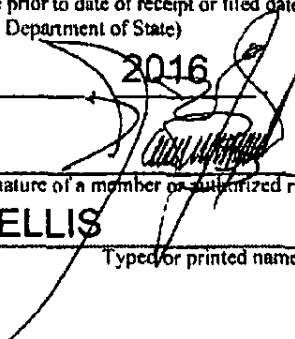
MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOISÉS DAVID HERRERA COLMENARES	1723 SW 2ND AVE # 606	<input type="checkbox"/> Add
		MIAMI, FL 33129	<input checked="" type="checkbox"/> Remove
AMBR	MOISÉS DAVID HERRERA COLMENARES	1723 SW 2ND AVE # 606	<input type="checkbox"/> Add
		MIAMI, FL 33129	<input checked="" type="checkbox"/> Remove
MGR	SANDRO DE LELLIS	11801 NW 100TH ROAD	<input type="checkbox"/> Add
		SUITE 1	<input type="checkbox"/> Remove
		MEDLEY, FL 33178	<input checked="" type="checkbox"/> Change
MGR	LYA REBECA HERRERA	11801 NW 100TH ROAD	<input type="checkbox"/> Add
		SUITE 1	<input type="checkbox"/> Remove
		MEDLEY, FL 33178	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 **OCTOBER 3** **2016**

Signature of a member or authorized representative of a member**SANDRO DE LELLIS**_____
Typed or printed name of signer

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