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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	CT: <u>B</u> 8	R D INVESTMENT GF Name of Limi	ROUP LLC ited Liability Company				
The end	losed Articles of	Amendment and fee(s) are subr	mitted for filing.				
Please	eturn all correspo	ndence concerning this matter t	to the following:				
		B.J. REE	VES Name of Person				
	Law Office of B.J. REEVES, P.A. Firm/Company						
		1779 N. C	University Drive,	Suite 202			
		Pembroke	Pines, Florida 3 City/State and Zip Code	3024			
	•	BJ@tctit] E-mail address: (t	leinsurance.com o be used for future annual report no	tification)			
For furt	her information co	oncerning this matter, please ca	ill:				
	BJ Reeve Name of		at (<u>954</u>) <u>963–47</u> Area Code Daytir	40 ne Telephone Number			
Enclose	d is a check for th	e following amount:					
S \$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)			
	34411	NC ADDDESS	CTREET/COUR	UED ADDDESS.			

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**

B & D INVESTMENT (Name of the Limited Liability Co (A Florida Lim	GROUP . I.I.C. company as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>Sept. 15, 2015</u> and assigned
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 contain the words "Limited l	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	<u> </u>
	<u> </u>
	T JAN 2:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new 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 Ag	rent:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICARDO CASTRO	1779 NORTH UNIVERSITY DRIV	Add
		PEMBROKE PINES, FLORIDA 3	□ Remove
			Change
			🗖 Add
			Remove
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot ock does not meet t	he applicable stat	f filing or more than tutory filing requir	(optional) 90 days after filing.) Perments, this date wi	ursuant to 605,020 If not be listed a
the record specifies a delaye) The 90th day after the rec		. but not an ef	fective time, a	t 12:01 a.m. or	the earlier o
JANUARY 19 Dated	20	17			
.9	ROPO -	Λ	~ ~		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00