L15000171734

(Requestor's Name)
(Address)
(133,113)
(Address)
(City/State/Zip/Phone #)
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NEW TABLE OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

BKG 2015	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carolina Sardinha		
		Name of Person	
	C & J Accounting and Tax	Services Inc	
		Firm/Company	
	17113 Miramar Pkwy Suit	e 181	
		Address	
	Miramar, FL 33027		
		City/State and Zip Code	
	gustavokabeche@hotmail.c	om to be used for future annual report notific	ation)
For further information c	oncerning this matter, please c	•	,
Carolina Sardinha		305 450-3366	
Name o	f Person		Felephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Secti	on

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BKG 2015 LLC			
(<u>Name of the Lim</u>	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)	
The Articles of Organization for this Limited I Florida document number L15000171734	Liability Company were file	ed on 10/08/2015	_ and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability con	<u>ipany here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
		ـــ دـــــــــــــــــــــــــــــــــ	<u> </u>
		2.5 2.5	20 m
Enter new mailing address, if applicable:			S 88 E
(Mailing address MAY BE A POST OFFICE		רי-	<u> </u>
			
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:			of the new regist
	17112 VC Dl C	.:. 101	
New Registered Office Address:	17113 Miramar Pkwy Su	Enter Florida street address	
	Miramar	, Florida ³³⁰²⁷	7
	City		Zip Code
New Registered Agent's Signature, if changing	•		- t. +
I hereby accept the appointment as register	red agent and agree to ac	t in this capacity. I further agree	to comply wi

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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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□ Add
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f an effec <u>Note:</u> I	e date, if other than the date of filing:
e record rd is file	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 d.
Dated _	·
	Gustavo Kabeche (Apr 4, 2024 10:56 EDT) Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Gustavo Kabeche - MGR

. . . .

Filing Fee: \$25.00