

L15000189561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

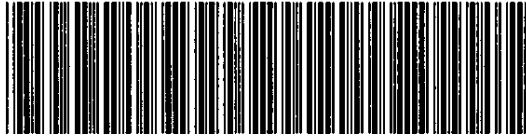
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BG CAPITAL PARTNERS, 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:

ALBERT BENALLOUN

Name of Person

BG CAPITAL PARTNERS, LLC

Firm/Company

777 41 ST, SUITE 207

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

ALBERT@TRANSAMERICANDEVELOPMENT.COM

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

For further information concerning this matter, please call:

SALOMON V. BAGDADI

305 788-3664

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

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

BG CAPITAL PARTNERS, 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 11/09/2015 and assigned Florida document number L15000189561.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

777 41 ST, SUITE 207

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

777 41 ST, SUITE 207

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL 33140

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:

ALBERT BENALLOUN

New Registered Office Address:

777 41 ST, SUITE 207

Enter Florida street address

MIAMI BEACH

City

Florida

33140

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

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FLORIDA
CLERK OF CIRCUIT COURT

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALBERT BENALLOUN	777 41 ST, SUITE 207	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HERNAN GLEIZER	18246 COLLINS AVE	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRANSAMERICAN DEVELOPMENT CORP.	777 41 ST, SUITE 207	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OPTIMAR HOLDINGS, INC.	18246 COLLINS AVE	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<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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 BOARD OF STATE
 COMMISSIONERS OF
 FINANCE, FLORIDA

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

Multiple horizontal lines for amending information.

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RECORDS SECTION
TALLAHASSEE, FLORIDA
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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 November 17, 2015.

Signature of a member or authorized representative of a member

ALBERT BENALLOUN

Typed or printed name of signee