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2018 OCT -4 PM 4:51 SECRETARY OF STATE

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COVER LETTER

			C	
SUBJECT:		t to change the name of our LL.		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JORGE BOADA SALA		
		<u> </u>	Name of Person	
		BW MARKET INTEL LL	C	
			Firm/Company	
		1901 BRICKELL AVE BE	PHII	
			Address	
		MIAMI, FL 33129		
		jordiboada@yahoo.com	City/State and Zip Code	
		E-mail address: (i	to be used for future annual report noti-	fication)
For further in	nformation c	oncerning this matter, please ca	ill:	
JORGE BO	ADA SALA		305 8041611 at ()	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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:

TO:

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

FILED

BW MARKET INTEL LLC

company has been notified in writing of this change.

2018 OCT -4 PM 4:51

(Name of the Limited Lial	oility Company as it now appears on our rec ida Limited Liability Company)	ords.)
(A Flor	rida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability	Company were filed on DEC, 07 2015	
Florida document number L15000206550		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
BW MARKET INTELLIGENCE LLC		
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		rds, enter the name of the r
registered agent and/or the new registered office ac	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	lress
	,	FloridaZip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ager		
provisions of all statutes relative to the proper and accept the obligations of my position as registered		
accept the obligations of my position as registered being filed to merely reflect a change in the registe	• • •	_

an 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

Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
		.	☐ Remove
			□ Change
			Add
			□ Remove
			Change
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Effectiv	e date, if other than t	the date of filing	g:		(optional)	
(If an effe	ctive date is listed, the date	must be specific and	d cannot be prior to	date of filing or more	than 90 days after filing.) Pequirements, this date wi	ursuant to 605.0207 (
	nt's effective date on the			ne statutory ming to	equirements, this date wi	ii not be fisted as ti
the reco	ord specifies a delay	yed effective c	date, but not	an effective tim	e, at 12:01 a.m. or	the earlier of:
	90th day after the r					
	ACTABER 16T		2010			
Dated _	OCTOBER 1ST		2018	_ •		
		1	Zee. K			
				zed representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00