Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150003064693)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : 120100000043

: (305)397-8553

Phone Fax Number

: (305)397-8521

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

Email Address:

ELC AMND/RESTATE/CORRECT OR M/MG RESIGN BIJA PROPERTIES, LLC

| Certificate of Status | 0 |
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Corporate Filing Menu

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| | | COVER LETTER | |
|--|--|---|-------|
| TO: Registration Se Division of Cor | | | |
| | PERTIES, LLC | | |
| SUBJECT: | Name of Lin | mited Liability Company | |
| | 4 4 | L. Jung Co., Clina | ~~ |
| | Amendment and fee(s) are sub | • | |
| Please return all correspon | ndence concerning this matter | au to the following: | |
| | MARIA NOELIA QUINC | ONBZ | |
| | · · | Name of Person | |
| | BUA PROPERTIES, LLC | c | |
| | , | Firm/Company | |
| | 2135 CALAIS DR. APT 1 | 17 | |
| | | Address | |
| | MIAMI BEACH, FL 3314 | 41 | |
| • | | City/State and Zip Code | |
| | NQUINONEZ@ME.COM | | |
| | | (to be used for future annual report notification) | |
| For further information co | ncerning this matter, please co | call: | |
| MARIA NOBLIA QUINC | ONEZ | 786 458-1763 | |
| Name of | Person | Area Code Daytime Telephone Number | * *** |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Pec & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Registra | NG ADDRESS: | STREET/COURIER ADDRESS: Registration Section | |
| P.O. Box | of Corporations c 6327 see, FL 32314 | Division of Corporations Clifton Building 2661 Executive Center Circle Tollohassee, Et. 32301 | |

FILE B

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SECRETARY OF STATE LALLAHASSEE, FLORIDA.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BIJA PROPERTIES, LLC | | | | | |
|--|--|---|--|---------------------------------|--|
| (Name of the Lin | ited Liability Compan (A Florida Limited Li | y as it now appears on ability Company) | our records.) | | |
| The Articles of Organization for this Limited I Florida document number L15000206586 This amendment is submitted to amend the following the submitted to amend the submitted to a submitted the submitt | Liability Company v | | | _and assigned | |
| A. If amending name, enter the new name | of the limited Habil | ity company here: | | | |
| The new name must be distinguishable and contain the | words "Limited Liabilit | y Company," the designs | tion "LLC" or the abbre | viation "L.L.C." | |
| Enter new principal offices address, if appli | cable: | | - | | |
| (Principal office address MUST BE A STRE | E <u>T ADDRESS)</u> | · · · · · · · · · · · · · · · · · · · | | | |
| : | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | | |
| B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | /or registered offi ffice address here: MARIA NOELLA | | records, enter the | name of the new | |
| - | 2125 CAT AIS D | P APT 17 | | | |
| New Registered Office Address: | 2135 CALAIS DR. APT 17 Enter Florida street address | | | | |
| • | МІАМІ ВБАСН | | , Florida <u>33141</u> | aa 33141 | |
| | | City | | lp Code | |
| New Registered Agent's Signature, if changing. | Registered Agent: | | | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | er and complete po ist ered agent as pro registered office au | erformance of my di ovided for in Chapte | ities, and I am fami er 605, F.S. Or, if th | liar with and is document is | |

If Changing Registered Agent Signiture of New Repistered Agent

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• • •

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| IGR = N MBR ≈ . | Manager Authorized Member | | |
|--------------------|------------------------------|-------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| AMBR | MARIA NOELIA QUINONEZ | 2135 CALAIS DR. APT 17. | ⊟ Add |
| • | | MIAMI BEACH, FL 33141 | ☐ Remove |
| | | | Change |
| AMBR | NATALIA SCHELOTTO | 1770 NW 32ND STREET | B Add |
| | | MJAMI, FL 33142 | Reinove |
| | | | Change |
| | | | [] Add |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | *4. #///// | | |
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| • - | December 30th, 2015 | _ | | | |
| (If an effe Note: | lve date, if other than the date of filing: cotive 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 60 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisent's effective date on the Department of State's records. | 05.0207 (3) ated as the |)(b) = | | |
| If the rec | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed. | ler of; | | | |
| (b) The | | | | | |
| • | DECEMBER 30TH . 2015 | | | , | |
| • | DECEMBER 30TH 2015 | | | • | |
| • | Signature of a first per or authorised representative of a member | | | , | |

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