

# Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORP USA Account Number : 072450003255 : (305)634-3694 Phone Pax Number : (305)633-9696

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BANIZAR PROPERTIES LLC

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Electronic Filing Menu

Corporate Filing Mental 0 4 2016

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10/3/2016

TO:

Registration Section

### **COVER LETTER**

Division	of Corporations	
SUBJECT: BA	IZAR PROPERTIES LLC	
BODGECI	Name of Limited Liability Company	
The enclosed Art	les of Amendment and fee(s) are submitted for filing.	
Please return all c	rrespondence concerning this matter to the following:	
	MARIA C MAGARINO	
	Name of Person	
	Firm/Company	
	145 SW 8 STREET DEPT 1401	
	Address	
	MIAM1 FL 33130	
	City/State and Zip Code	
	MMagarinoace@gmail.com	
	E-mail address; (to be used for future annual report notification)	
For further inform	tion concerning this matter, please call:	
MARIA C MAG	21/	
	lame of Person Area Code Daytime Telephone Number	
Enclosed is a che	t for the following amount:	
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is exclosed) Certified Copy (additional copy is exclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

BANIZAR PROPERTIES LLC					
(Name of the Lim	ited Liability Comps (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)	<del></del>	
The Articles of Organization for this Limited I Florida document number		were filed on 01/04/2016		and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbr	evlation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2645 EXECUTIVE PARK DRIVE			
		SUITE 136			
		WESTON FLORIDA 333	331		
Enter new mailing address, if applicable:		2645 EXECUTIVE PAR	K DRIVE		
(Mailing address MAY RE A POST OFFICE BOX)		SUITE136			
		WESTON FLORIDA 333		9	
B. If amending the registered agent and registered agent and/or the new registered of				ne name of the n	
Name of New Registered Agent: CARLOS E. IZ		ARRA BARRIOS	<u> </u>	<u>(a)</u>	
New Registered Office Address:	2645 EXECUT	IVE PARK DRIVE SUITE	:136	6)	
		Enter Florida street i	uddress		
	WESTON		_, Florida <u>3333</u>	1	
		Ciņ		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

Page 1 of 3

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
RA	MICHAEL W. GOMEZ ESQUIRE	1930 TYLER STREET	
<u> </u>		HOLLYWOOD FL 33020	Remove
			☐ Change
MGR	BLANCA SALCEDO	8130 GLADES ROAD	Add
		#209 BOCA RATON	■ Remove
			☐ Change
			Add
			C Remove
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tive date, if other than freerive date is listed, the date	the date of filing: _	<del></del>		_(optional) 🚍	9
If the date inserted in thi	s block does not meet	the applicable sta	t filing or more than 90 d utory filing requireme	ays atter thing.) Pursuants, this date will no	unt to 605. It be liste
nent's effective date on th	e Department of State	's records.			
ecord specifies a dela	ved effective date	. but not an e	fective time, at 1	2:01 a.m. on th	e earlic
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1 09/30/					
	7	Maton	ua)		
	Signature of a men	iber or authorized re	presentative of a member		
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Filing Fee: \$25.00