

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BGA ENTERPRISES OF HAMMOCKS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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 2016 JAN 12 PM 4:40
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 BRUCE

11/23/2033 07:01

#3623 P.002/004

FROM :

FAX NO. : 3058252331

Jan. 11 2016 08:27PM P3

H16000009424

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

BGA ENTERPRISES OF HAMMOCKS, 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 JANUARY 5TH, 2016 and assigned
Florida document number L16000002646

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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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11/23/2033 07:02

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Jan. 11 2015 08:28PM P4

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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>
MGRM	BIANCA PEIRO	900 WEST 49TH STREET	<input type="checkbox"/> Add
		SUITE #418	<input checked="" type="checkbox"/> Remove
		HIALEAH, FLORIDA 33012	<input type="checkbox"/> Change
MGRM	MIRTA PEIRO	900 WEST 49TH STREET	<input checked="" type="checkbox"/> Add
		SUITE #418	<input type="checkbox"/> Remove
		HIALEAH, FLORIDA 33012	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2016 JAN 21 A 10:10
SECRETARY OF THE
TREASURY

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F. Effective date, if other than the date of filing: JANUARY 5TH, 2016 (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.

(b) The 90th day after the record is filed.

Dated

January 11, 2014
Marta O. Peiro
Signature of a member or authorized

Signature of a member or authorized representative of a member

MIRTA PETRO, MGRM

Typed or printed name of signer

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