

L16000002646

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

D. SCOTT

OCT 17 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BGA ENTERPRISES OF HAMMOCKS 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:

ALEX PINA

Name of Person

PINEAPPLE ACCOUNTING

Firm/Company

8400 NW 36TH ST STE 450

Address

DORAL, FL 33166

City/State and Zip Code

CLIENT@PINEAPPLEACCOUNTING.COM

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

For further information concerning this matter, please call:

ALEX PINA

at (305) 803-8471

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

FILED
16 OCT 14 AM 8:28
TALLAHASSEE, FL
SECRETARY OF STATE

**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 01/05/2016 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

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	ANA BOLANOS	11735 SW 147TH AVE	<input type="checkbox"/> Add
		UNIT #38	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33196	<input type="checkbox"/> Change
MGRM	LUIS E CHACIN BOLANOS	11735 SW 147TH AVE	<input checked="" type="checkbox"/> Add
		UNIT #38	<input type="checkbox"/> Remove
		MIAMI, FL 33196	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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OCT 4 10 13
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

[illegible]

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.

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

Dated OCTOBER 14TH, 2016

Signature of a member or authorized representative of a member

OSBALDO A CHACIN RINCON

Typed or printed name of signee

FILED
OCT 14 AM 8:30
CLERK OF DISTRICT COURT
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES