## 11600000818

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100292951271

12/08/16--01008--004 \*\*25.00

PILEU STARY OF STATE

S Warren DEC 09 2016

## **COVER LETTER**

TO: Registration Section Division of Corporat	ons .	
SUBJECT:	BGSI, LLC	
Division of Corporations  SUBJECT:  BGST 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:		
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
	Viviane Rucio Name of Person	
_	Firm/Company	
<u></u>		
<u>C</u>	elebration FL 34747  City/State and Zip Code  (i Viane Ricci @ i doud. com	
	Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  All correspondence concerning this matter to the following:	
For further information concern		
Name of Perso	n Area Code Daytime Telephone Number	
\	owing amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BGSI, LI	LC	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited I.	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1600100818</u> .	were filed on 05/24/2016 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	number	
The new name must be distinguishable and contain the words "Limited Liability	lity 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)	235 goldentain Dr. #22 Colebration, 34747, FL	יסי,
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address here		
• • • • • • • • • • • • • • • • • • • •		
New Registered Office Address:	Enter Florida street address	
<del></del>		
Naw Pagistared Agent's Signature, if changing Pagistared Agent.	·	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the experiormance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability	

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
		77 7 75 7 70 7 70 7	- <b>-</b>
			Remov
		SEE FLORIDA	Remove Change

,					
		,			
	·· · · · · · · · · · · · · · · · ·				
		, , , , , , , , , , , , , , , , , , , ,			
<del></del> -	<del></del>	<u> </u>			
					<del></del>
					··
	<del></del>				
<del></del>					
an effective date lote: If the dat ocument's effe	if other than the date of filities is listed, the date must be specific at the inserted in this block does not ective date on the Department of the decifies a delayed effective ay after the record is filed	and cannot be prior to de t meet the applicable f State's records.	ate of filing or more than 90 statutory filing requiren	nents, this date will no	t be listed a
ated <u>dec</u>	. 05	. 2016 .		/	
aleu <u>W</u>	171:010	$\frac{1}{2}$ , $\frac{2}{2}$	2000 000	near of	
	Signature of	a member or authorize	d representative of a memb		
	VIVIANE	Ricci	MALIMA	ENSAR 0	-
<del></del>		Typed or printed na			<u> —                                    </u>
		Type= or primarin		P 2:	
		Page 3	of 3	골 <u>즉</u> 교	

Filing Fee: \$25.00