LIL 6001 33990

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COVER LETTER

B SUBJECT:	BT PROP	ERTIES OF SOUTH FL LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		HECTOR R. DUQUE		
•		<u>-</u>	Name of Person	
		BBT PROPERTIES OF SO	OUTH FLORIDA LLC	
			Firm/Company	
		250 NE 25TH STREET A	PT 1201	
			Address	
		MIAMI FL. 33137		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further info	rmation co	oncerning this matter, please ca	all:	
HECTOR R. D	UQUE			
Name of Person at () Area Code Daytime Telephone Num		e Telephone Number		
Enclosed is a ch	neck for th	e following amount:		
\$25.00 Fili	ng 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

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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the followi authority:	_
FIRST: The name of the limited liability company is: BBT PROPERTIES OF SOUTH I	FLORIDA LLO
SECOND: The Florida Document Number of the limited liability company is: L160001,33990)
THIRD: The street address of the limited liability company's principal office is: 250 NE 25TH STREET	
APT 1201	
MIAMI.FL. 33137	
The mailing address of the limited liability company's principal office is:	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having position of a person in a company, whether as a member, transferee, manager, officer or otherwise operson on the following: 1. May execute an instrument transferring real property held in the name of the company	or to a specific
a. Granted to: HECTOR R. DUQUE	
b. No authority granted to:	ွဲ မှ
b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the sample a, Granted to: HECTOR R. DUQUE	iny.
b. No authority granted to:	
ector Duque Signature of authorized representative Typed or printed name of	signature
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	m - Corran sum w

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