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COVER LETTER

TO:	Registration Se Division of Cor					
		PERTIES OF SOUTH FLORIDA	LLC			
SUBJE	CCT:	Name of Limite	d Hiability Compa	liability Company		
The enc	closed Articles of	Amendment and fee(s) are submi	tt x d for filing.			
Please r	return all correspo	ndence concerning this matter to	the following:			
			HECTOR DU	QUE		
			Name of Pers	son		
		BBT PROPERT	IES OF SOUTH	FLORIDA LLC		
			Firm/Compa	ny		
		175 SW	7th st, suit	E 1410		
			Address			
			MIAMI, FL 3:	3130		
			City/State and Zip			
			info@hectorduq	_		
		E-mail address: (to		annual report notif	ication)	
For furt	her information c	oncerning this matter, please call	:			
HECT	OR R DUQUE		786 at (2456960)		
	Name o	f Person	Area Co	de Daytime	: Telephone Number	
Enclose	ed is a check for th	ne following amount:				
52 \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified C (additional co		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 assee, FL 32314	Re Di CI 26	PREET/COURING sistration Section vision of Corpora ifton Building 61 Executive Cerullahassee, FL 322	n ations ater Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBT PROPERTIES OF SOUTH FLORIDA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/15/2016 The Articles of Organization for this Limited Liability Company were filed on _ and assigned L16000133990 Florida document number 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: ഗ (Principal office address MUST BE A STREET ADDRESS) Ş 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 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to ma	nage, enter the title, name, and address of each person	being addec
or removed from our records:		

MGR =	Manager	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
TO	HERNANDO JOSE MARRIAGA	175 SW 7TH ST. SUITE 1410 MIAMI, FL 33130	
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			□ Remove
			□ Change
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			Change
		- <u></u>	
			SS DORemove
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If amending any other i	nformation, enter	chang e (s) her	e: (Allach add	utional sheets,	if necessary.)		
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Effective date, if other t (If an effective date is listed, the Note: If the date inserted document's effective date	date must be specific in this block does no	and cannot be prior t meet the applic	able statutory fi	r more than 90 day	(optional) ys after filing.) Pursi ts, this date will r	uant to 60 101 be lis	05.0207 sted as
he record specifies a c The 90th day after t			ot an effectiv	e time, at 12	:01 a.m. on ti	ne earl	lier of
Dated MAY 13		2019	,	,			
·	tex	TOR	Jul	上			
	Signature of	a member or auth	orized representat	ive of a member			
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	tadas	R. Do	OUL containe of signed				

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