

# L16000174964

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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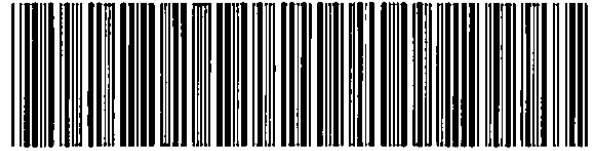
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BSJI SERVICES 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:

Pedro Fabian Crespo Bravo

Name of Person

BSJI SERVICES LLC

Firm/Company

1600 PONCE DE LEON BLVD, SUITE 1108

Address

CORAL GABLES, FL. 33134

City/State and Zip Code

pcrespo@bsji.com

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

For further information concerning this matter, please call:

Pedro Fabian Crespo Bravo

787

767-2605

at ( )

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

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

BSJI SERVICES 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 SEPTEMBER 19, 2016 and assigned Florida document number 1.16000174964.

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 registered agent and/or the new registered office address here:**

Name of New Registered Agent: PEDRO FABIAN CRESPO BRAVO

New Registered Office Address: 1600 PONCE DE LEON BLVD, SUITE 1108

*Enter Florida street address*

CORAL GABLES, Florida 33134

*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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGR	ALEJANDRA BELLOSTA	1600 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		SUITE 1108	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL. 33134	<input type="checkbox"/> Change
MGR	MARCELINO BELLOSTA	1600 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		SUITE 1108	<input type="checkbox"/> Remove
		CORAL GABLES, FL. 33134	<input type="checkbox"/> Change
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**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 605.02

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

- If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.

Dated 06/25/2019



\_\_\_\_\_  
Signature of a member or authorized representative of a member

PEDRO FABIAN CRESPO BRAVO

\_\_\_\_\_  
Typed or printed name of signer