116000192535

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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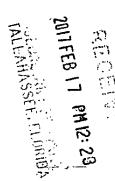
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2017

ALEXANDER JOCH BCB LLC 100 ISLAND DRIVE MIAMI, FL 33149

SUBJECT: BCB LLC

Ref. Number: L16000192535



We have received your document for BCB LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 417A00002240

I Have signed the document

Thonk you

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

SECRETARY OF JOSID

COVER LETTER

TO: Re	gistration Secu vision of Corp	tion orations				
OUDICOT	BCB LLC	- 4	,			
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please retur	n all correspon	dence concerning this matter	to the following:			
		ALEXANDER JOCH				
			Name of Person	- 1		
		BCB LLC				
			Firm/Company	· · ·		
		100 ISLAND DR			4	TA SI
			Address		7 F	LCX FCX
		MIAMI FL 33149			EB -2	ETAR!
		ALEXJOCH10@GMAIL.C	City/State and Zip Code	 	M 10: 42	
		E-mail address: (to be used for future annual report notific	ation)	ä	
For further	information co	ncerning this matter, please ca	all:		15	중제
ALEX JOC	н		305 7334713			
	Name of	Person		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 Sta Certified Copy (additional copy is en	atus &	

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

BCB LLC			
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L16000192535</u>	Company were filed on OCTOBER 18, 2016	_and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbrev	viation "L.L.C	C."
Enter new principal offices address, if applicable:		<u></u> -	ন্ত ত
(Principal office address MUST BE A STREET ADD	DRESS)	7 FEB	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
F	· · · · · · · · · · · · · · · · · · ·	-2 AM	13.78.0 13.78.
Enter new mailing address, if applicable:	-	=======================================	; ⊖≓
(Mailing address MAY BE A POST OFFICE BOX)		12	- <u>20</u> m
B. If amending the registered agent and/or registered agent and/or the new registered office ade		name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	Zin 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>	Type of Action
AMBR FREDER	FREDERICK JOCH	100 ISLAND DR	≘ Add
		MIAMI FL 33149	□ Remove
			□ Change
			Add
			☐ Remove
			SECRETALLAHA
		Remove Change	
		· · · · · · · · · · · · · · · · · · ·	
			Add
			□ Remove
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			□ Change

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·	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing: Ote: If the date inserted in this block does not meet the applicable statutor occument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier o
ated JANUARY 20 Feb 13 , 2017	
A CONTRACTOR OF THE PROPERTY O	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00