

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L16000273301443

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000273301 3)))



H160002733013ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOX ROTHSCHILD LLP
Account Number : I20130000024
Phone : (215) 299-2162
Fax Number : (215) 299-2150

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: vlagana@foxrothschild.com

FILED
16 NOV -4 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2016 NOV -4 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BZB BARN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit #H16000273301 3

COVER LETTERTO: Registration Section
Division of CorporationsSUBJECT: BZB BARN, 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:

VANESSA LAGANA

Name of Person

FOX ROTHSCHILD LLP

Firm/Company

2 S. BISCAYNE BLVD., SUITE 2750

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

vlagana@foxrothschild.com

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

For further information concerning this matter, please call:

VANESSA LAGANA

at (305)

442-6544

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

Fax Audit #H16000273301 3

FILED
16 NOV -4 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Fax Audit #H16000273301 3

BZB BARN, 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 11/01/2016 and assigned Florida document number L16000201443.

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)

FILED
16 NOV - 4 AM 10:27
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

City, Florida 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

Fax Audit #H16000273301 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN M. BOLANOS	C/O 2 S. BISCAYNE BLVD.	<input type="checkbox"/> Add
		SUITE 2750	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Change
MGR	ANDREA R. BOLANOS	C/O 2 S. BISCAYNE BLVD.	<input type="checkbox"/> Add
		SUITE 2750	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 NOV - 4 AM 10:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

Fax Audit #H16000273301 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 4

..2016

Signature of a member or authorized representative of a member

RAUL J. VALDES-FAULI, AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee

FILED
16 NOV -4 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA