Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

7/30/2019

Division of Corporations

Email Address:_____

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BW3 PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 3 1 2019

A. LUNT

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Help

Date: 07/30/19 Time: 12:22 PM Page: 02/05 To: 18506176383 From: 14694451465

(((H19000228047 3)))

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BW3 PROPERTIES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Jubility Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/04/2017	and assigned
Porida document number 1.17000002827		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "E.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)		19 JUL 30
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, gre:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enge Florida street address	
	Flòri	Zip Code
Name Descriptional Amont's Signature, it changing Registered Agent	<u>:</u>	

New Registered Agent's Signature, it 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

To: 18506176383 From: 14694451465 Date: 07/30/19 Time: 12:22 PM Page: 03/05

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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

Title	Name	Address	Type of Action
MGR	JORGE BEJARANO		
			Remove
		950 BRICKELL BAY DRIVE #4311. MIAMI, FL 33131	☐ Change
MGR	MARIA WEISSON		DAdd
			Remove
		950 BRICKELL BAY DRIVE #4311, MIAMI, FL 33131	
			Remove
			Change :
			O Addr
			□ Ren∰e
			Change
			□ Add
			☐ Remove
			Change
			Remove
			Change

Date: 07/30/19 Time: 12:22 PM Page: 04/05 To: 18506176383 From: 14694451465 (((H19000228047 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (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 (3Xb)

Note: If the date inserted in this block does not meet the continuable effective date inserted in this block does not meet the continuable effective date. E. Effective date, if other than the date of filing: 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 on effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. anized representative of a member Signature of a member or and CARLOS GARCIA, ESQ. Typed or printed name of signee

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Filing Fee: \$25.00