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COVER LETTER

TO: Registration Section Division of Corporations

	TY GROUP LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
		Name of Person	
	CARPE DIEM VENTURE		
		Firm/Company	
	1835 NE MIAMI GARDE	NS DRIVE, SUITE 157	
		Address	
	MIAMI, FL 33179		
		City/State and Zip Code	
	CLAYD@THINKCDV.CO.		
	E-mail address: ()	to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	alt:	
Name	f Person	at () Area Code Dayt	ime Telephone Number
ivanie o	1 Ferson	File Code 1989	
Enclosed is a check for the	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BCP REALTY GROUP LLC

2020 HAY 28 AM 7: 52

(Name of the Limited I	iability Compa Torida Limited I	n <u>v as it now appear</u> Jability Company)	<u>yon our records), y OF</u> IALLAHASSEE.	to:
The Articles of Organization for this Limited Liabi L17000006478 Florida document number	lity Company		January 9th 2017	
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liab	ility company he	ere:	
		L ESTATE LLC		
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	e:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		N/A		
		N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NtA		
		N/A		
		N/A		
B. If amending the registered agent and/or registered affice address by agent and/or the new registered office address by Name of New Registered Agent:	stered office nere: N/A	address on our t	ecords, <u>enter the nau</u>	ne of the new registe
N Deviet and Office Address:	N/A			
New Registered Office Address:		Enter Flo	rida street address	
	N/A		Florida _	IA
		City	1 1011011	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 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>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			Change
			□Remove
			□Remove
			□Change
			□Remove
			□Change
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(If an effective de Note: If the o	te, if other than the date ate is listed, the date must be s date inserted in this block of ffective date on the Depart	pecific and cannot be pric locs not meet the appli	icable statutory film	nore than 90 days aft	tional) er tiling.) Pursuant to his date will not be	605.0207 (. listed as tl
he record speci ord is filed.	fies a delayed effective dat	e, but not an effective	time, at 12:01 a.m.	on the earlier of:	(b) The 90th day a	ifter the
Dated	May 26th	2020	·			
_	Sign	ature of a injunber or aut	horized representative	e of a member		
			ON DINGLE			
			nted name of signee			-