

L170000 12036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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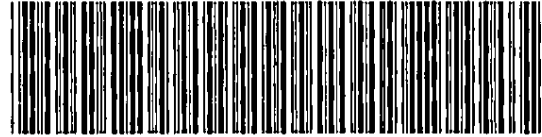
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BMZ GOODS 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:

BRANDO GARCIA
Name of Person
BMZ GOODS LLC
Firm/Company
17 SOUTH J STREET
Address
LAKE WORTH, FL 33317
City/State and Zip Code
BRANDO@REVELRYBARS.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

BRANDO GARCIA at 786 246.3686
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

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

BMZ GOODS 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 JANUARY 17, 2017 and assigned
Florida document number 17000012036

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 words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17 SOUTH J STREET

(Principal office address MUST BE A STREET ADDRESS) LAKE WORTH, FL 33460

Enter new mailing address, if applicable:

17 SOUTH J STREET

(Mailing address MAY BE A POST OFFICE BOX)

LAKE WORTH, FL 33460

**B. If amending the registered agent and/or registered office address on our records, enter the name of the
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
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 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 the title, name, and address of each person being or removed from our records:

MGR = Manager
AMBR = Authorized Member


Title	Name	Address	Type of Action
MGR	MEGAN KELLY	PO BOX 242	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRANDO GARCIA	17 SOUTH J STREET	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KIMBERLY ZENA TARANTINO	17 SOUTH J STREET	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated 10/1, 2018


Signature of _____

Signature of a member or authorized representative of a member

BRANDO GARCIA

Typed or printed name of signee