L18000016408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 AUG -2 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN

AUG 07 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2018

BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC
1401 W FLAGLER ST
MIAMI, FL 33135

SUBJECT: BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC
Ref. Number: L17000016408

We have received your document for BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 118A00010519

RECEIVED
2018 MAY 31 AM 10:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

RECEIVED
2018 AUG -2 AM 10:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2018

BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC
PO BOX 441657
MIAMI, FL 33144

SUBJECT: BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC
Ref. Number: L17000016408

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office.

Division of Corporations Letter Number: 618A00012017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BRONZEVILLE COMMONS NEWS NETWORK (BCNN) 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:

ALONZO BUCHANAN JR.
Name of Person

BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC
Firm Company

1401 WEST FLAGLER STREET
Address

MIAMI, FLORIDA 33135
City-State and Zip Code

a.buchananjr@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALONZO BUCHANAN JR. at (305) 904-4642
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)

PAYMENT of $52.00 ALREADY RECEIVED PAID

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

FILED
2018 AUG -2 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRONZEVILLE COMMONS NEWS NETWORK (BCNN) 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 20, 2017 and assigned Florida document number L17000016408.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BRONZEVILLE COMMONS NETWORK LLC

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)

P.O. BOX 441657
MIAMI, FLORIDA 33144-1657

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

, **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 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
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		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change

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

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 JULY 07, 2018.

Alonzo Buchanan JR.

Signature of a member or authorized representative of a member

ALONZO BUCHANAN JR.

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee: $25.00