L17000028706

(R	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section

Tallahassee. FL 32314

TO:

Division of Cor	porations		
	O OPERATOR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Filippo Cinotti		
		Name of Person	
	Cinotti Galgano		
		Firm/Company	
	66 W Flagler St., Suite 100	02	
		Address	
	Miami, FL 33130		
	·	City/State and Zip Code	
	admin@cinottilaw.com		
	E-mail address. (to be used for future annual report noti-	lication)
For further information c	oncerning this matter, please c	all:	
Filippo Cinotti		786 577-2291	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 9 Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCC FOOD OPERATOR 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 February 6, 2017 Florida document number ______L17000028706 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 L.	naonity Company. The designation Thic of the addreviation hite.c.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Cinotti Galgano
(Mailing address MAY BE A POST OFFICE BOX)	66 W Flagler St., Suite 1002
	Miami, FL 33130

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:

	City	Zip Code	
	Miami	Florida 33130	
New Registered Office Address:	66 W Flagler St., Suite 100 En	2 ter Florida street address	
Name of New Registered Agent:	Cinotti Galgano		

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			Remove
			□Change

Page 2 of 3

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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
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-	July 21 2070
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Filing Fee: \$25.00