# 1700030967

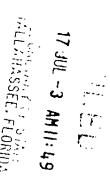
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### **COVER LETTER**

	sistration Securision of Corp			
SUBJECT:	B.B.F. TRA	DE USA, LLC.		
object.		Name of Limi	ted Liability Company	
The enclosed	1 Articles of /	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	idence concerning this matter t	to the following:	
		BERNARDO BALEN FO	RCELINI	
			Name of Person	
		B.B.F. TRADE USA, LLC	•	
			Firm/Company	
		1367 SW 51ST BLVD. UN	NTT 1016	
			Address	
		GAINESVILLE, FL 32607	7	
			City/State and Zip Code	
		bemardobforcelini@gmail.c		<del></del>
		E-mail address: (t	to be used for future annual report notifi	ication)
For further i	nformation co	ncerning this matter, please ca	all:	
BERNARD	O FORCELII	NI	at ( <b>35</b> 2 ) <b>5</b> 30 -	0267
	Name of	Person	Ārea Code Daytime	: Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	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

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co.	mnany as it now annears on our re	scords )
( <u>Name of the Limited Liability Co</u> r (A Florida Limit	ted Liability Company)	<del>4-2</del>
<u> </u>	any were filed on 02/08/2017	and assigned
This amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability Company were filed on     1.17000030967		
he new name must be distinguishable and contain the words "Limited L	lability Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDRESS	1	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	4	L; 7
		<u> </u>
		SS: w
	dress, if applicable:  (BE A POST OFFICE BOX)  registered agent and/or registered office address on our records, enter the name of the new or the new registered office address here:	
		986 1. <b>1</b>
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRUNA BALEN FORCELINI	1367 SW 51ST BLVD. # 1016,	<b>⊟</b> Add
		GAINESVILLE, FL 32607	☐ Remove
		<del></del>	Change
			D Add
			☐ Remove
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applica ument's effective date on the Department of State's records.	to date of filing or able statutory fil	more than 90 days	optional) s after filing.) Pur s, this date will	suant to not be	605.02 listed
record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective	time, at 12:	01 a.m. on	the ea	arlier
ted JUNE 21st. 2017	· •				
					<del>-</del>
	and tracked and appropriate the second second	gray cyf ei gygarawybrau			
Signatule of Emember or author	rized representati	ve of a member			

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Filing Fee: \$25.00